MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY p. STATE b. COUNTY GEORGESMARYLAND funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give negrest town) Stealfarille d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) 8 4 7 - B e IS RESIDENCE ON A FARM? -BERKSHIRE -BER YES NO KSHIRE DRI 4. DATE Middle Yeor DECEASED ABRAHAM DEATH (Type or print) UG: 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 6. COLOR OR RACE Months Doys WIDOWED | DIVORCED | cample yrs. USUAL OCCUPATION (Give kind of work done 10% KIND OF BUSINESS OR INDUSTRY 11. BIRTHPJACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during prof of working life even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME after physician INFORMANT 16. SOCIAL SECURITY NO affending 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PERFORMED? YES NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) D. III. While Not while of work of work p. m. 196/that I last saw the deceased 21. I certify that I attended the deceased fram. alive an and that death occurred at_ M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATS/THEREOF OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) poge BAYSIDE CEMETERY QUEENS

24b. REGISTRAR'S SIGNATURE

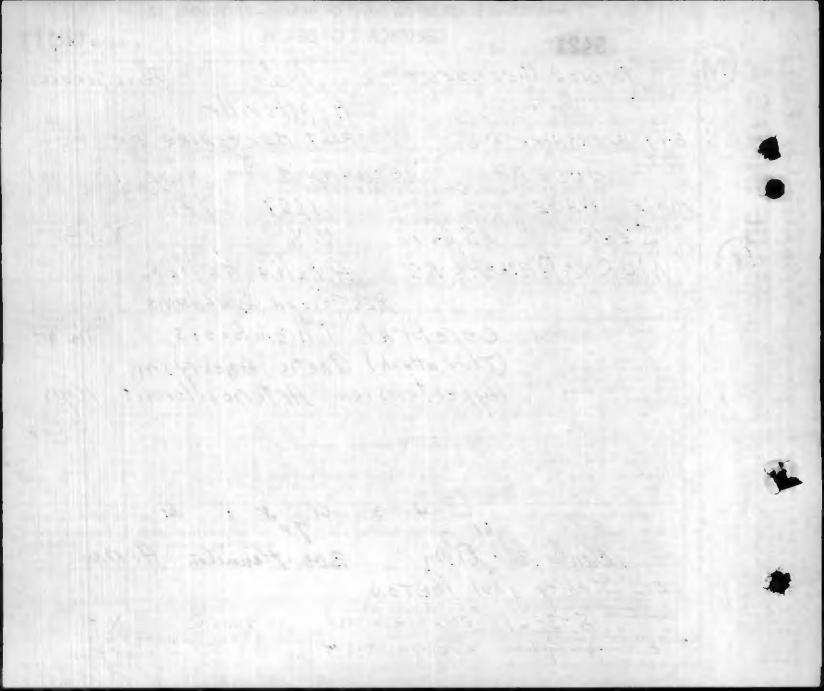
Certhung S. Huna

24g. REC'D, BY REGISTRAR

DATE

Q E Q G VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



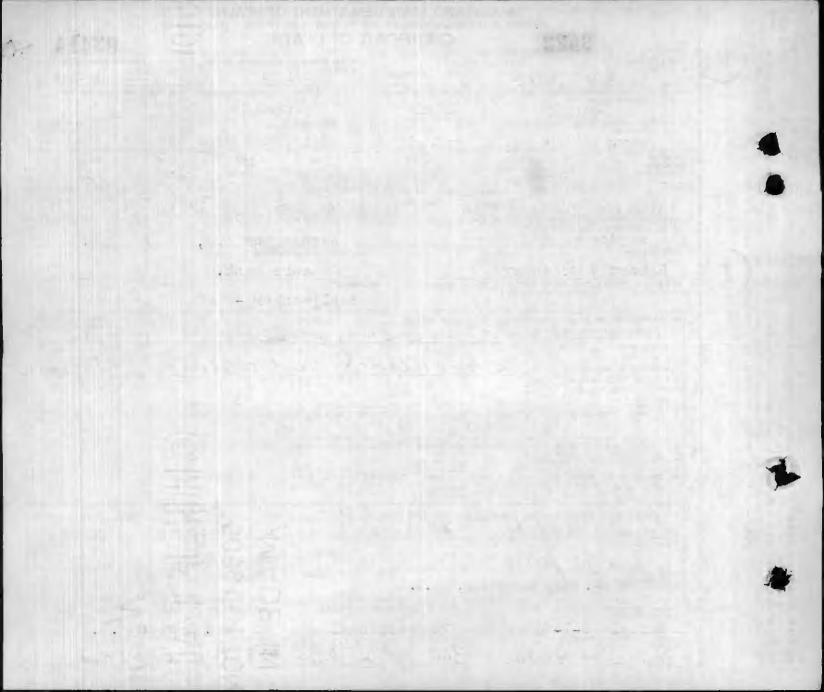
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	3466	ÇEKIN	CAIL	OF DEATH				13414	
1. PLACE OF DEATH a. COUNTY	PrinceGeorge	S MARY		USUAL RESIDENCE (WA STATE Harylan		d lived. If instituti b. COUNTY		before odmissi Georges	
b. CITY OR TOWN RURAL and give r	(If outside corporate limits nearest town) Cheverly	c. LENGTH OF STAY	IN 1b	2 CITY OR TOWN (IF o		rate limits, write l	RURAL and giv	e nearest lawn)	
OR INSTITUTION		ve street address) neral Hospital	1	d. STREET ADDRESS 4811 70	th Pl	Lace		e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Maud Maud	Middle E		Banker	4. DATE OF DEATH	Aug	gust	20	ear 9
s. sex Female		7. MARRIED NEVER MARRIE WIDOWED C DIVORCE	_ 1	Jan 1882		9. AGE (In years last birthday) 79 yrs.	Months D	YEAR IF UNDER	R 24 HI Min
during most of wo	rking life, even if retired)	one 10b. KIND OF BUSINESS O		Washing	ton I	ountry)	12. CITIZE	U.S.	DUNTR
13. FATHER'S NAME Robert	V McKenn	ev	14	. MOTHER'S MAIDEN'N Laura	ī				
		ES? 16. SOCIAL SECURITY NO					Iress		
Canditians, if a gave rise to cause (a), staling lying cause last.	immediate DUE TO (c).	acht Co		h head			VEN IN PART 1	7 ye	RMED?
20a. ACCIDENT W	AS UNDERLYING [] : G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	CCURRED. (En	iter nature of injury in F	art I or Par	t II of item 1B.)		112	140 [
Y 20c. TIME OF INJU Hour a.m.	RY Month, Day, Year	While Not while of work at wark	20e. PLACE (factory,	OF INJURY (Hame, farm street, affice bldg., etc.	20f. (City	ar lawn)	(Co	unty)	(Sta
21. I certify th	19.1	attended the deceosed	110111	occurred at 634	,	fhe causes ar			obov
saw the deced									DATE
saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Acepera	rgmann, M .D.	M.D.	ATTENDING ME PHYS. DIE 22d. ADDRESS	D. RECTOR	STAFF PHYS.		220	SIGN

TO HOSPITAL OR ATTENDING PH. FIAN: The law requires that the death certificate be executed within 24 flaurs after death. Page a may be refer to be spinal or faing physician.

TO FUNERAL GRECTOR: After this certificate has been signed by the attending physician and campleted of in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event.

may be re VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

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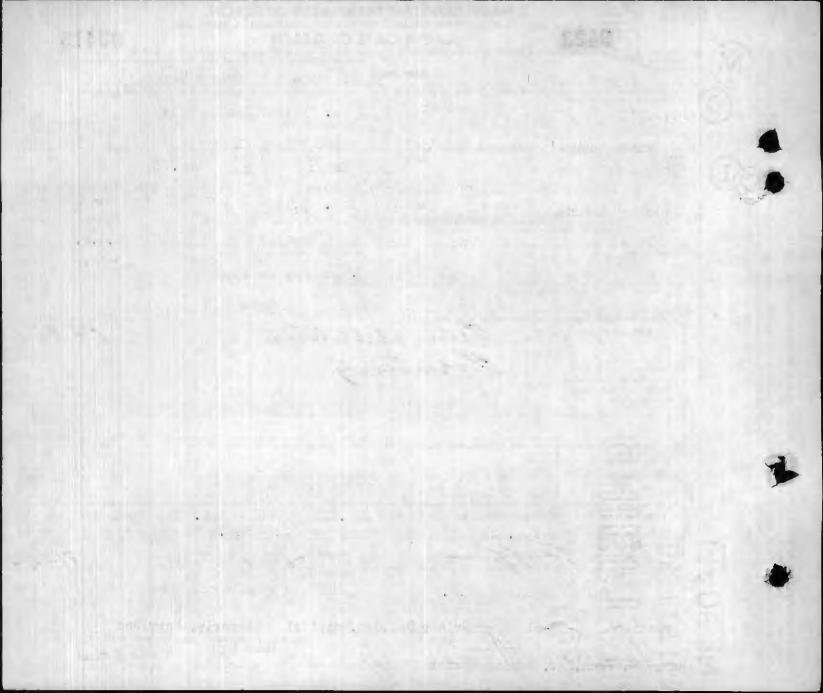
MARYLA	ND STATE	DEPARTMEN	IT OF HEALTH
ON OF STATIST	TICAL RESEARCH	AND RECORDS —	BALTIMORE 1, MARYLAND

DIVISI

9423	CERTIFICA	TE OF DEATH	7//7	()	19415
1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryl and		CHNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou			ive nearest tawn)
RURAL and give rearest lown) Chevery	2 Hr	W. Hyatts	ville	Y	
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		7	e. 15 RESIDENCE
Prince George's Genera	Hospital	3208 Toled	o Pla ce	1	ON A FARM?
3. NAME OF DECEASED (Type or print) Baby Boy	Middle	Bantz Bantz	4. DATE	ig Manth	Day Year 61
S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	11 /2 2	YEAR IF UNDER 24 HRS.
Male White WIDOW		Aug. 23,196	ן ומז ומז	thday) Manths :	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		Marie Control	12.CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired)	None	Maryllan	d	T	S.A.
3. FATHER'S NAME ROBERT L Bantz	NOTIC	14. MOTHER'S MAIDEN N		, ,	VIII VIII V
Robert H Dantz		Jane Lee J	ankins		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	AHVTHO	Address	
(Yes. no. or unknown) (If yes. give war or dates of service)	None No	other S	ame		
18. CAUSE OF DEATH Enter only one cause per li		OTHER: D	anie		INTERVAL BETWEEN
Candilians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Granatu	relacio			
PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	D. (Enter nature of injury in P	art I ar Part II af íten	n 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. II Have a.m. 19 While all war	Not while fo	ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)		(Ca	aunty) (State)
21. I certify that (1) (this haspital) attends saw the deceased alive an Aug. 220. SIGNATURE		ATTENDING /ME	M. Angril the cau		
MAME (Type) Julius Kauffman	. M.D.	5102 Annapo	lis Road,	Bladensbu	ırg, Marylan
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City		(State)
REMOVAL (Specify)			_	Maryland	(5:3:0)
Cremation 8-29-61	Prince Geo.		Cheverly,	56, REGISTRAR'S SIG	NATURE
211012	/		16 3 1 '61 '	0 1 0	

DATE

arihun S. Hraus



VR A15 (4) 15M 9/60

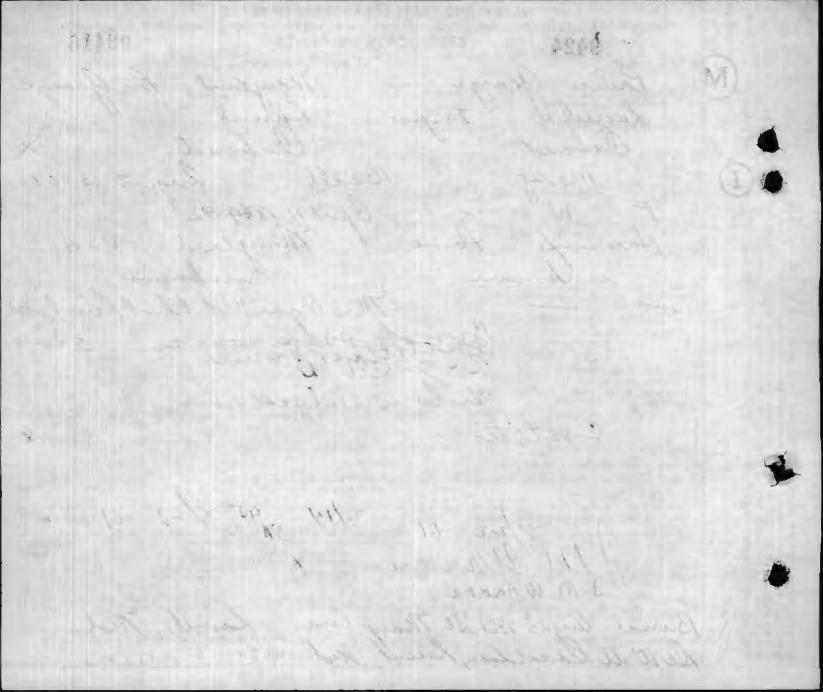
MARYLAND STATE DEPARTMENT OF HEALTH

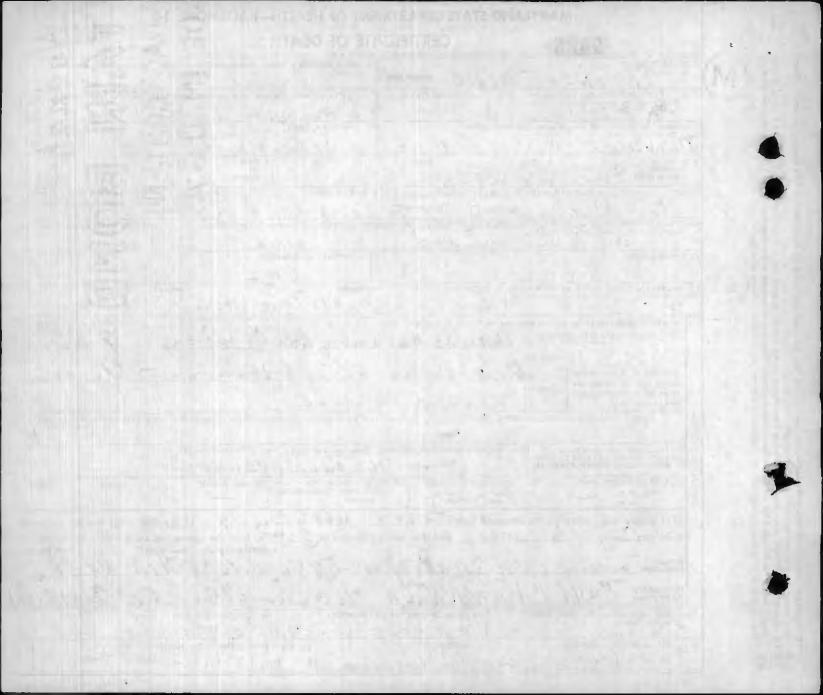
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19424

CERTIFICATE OF DEATH

1	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 6. COUNTY
4	Trues Charac MARYLAND O. STATE Ways land b. COUNTY for Charac
Y	b. CITY OR TOWN (if outside corporate Mats, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if pulside corporate limits, write RURAL and give nearest lower
	write RURAMand give neeres nown
1	d. NAME OF HOSPILAL OR INSTITUTION (if not in hospital, give study address) d. STREET ADDRESS e. IS RESIDENCE
X	ON A FARM!
1	NAME OF First Middle Lest 14. DATE Worth Dey Year
	DECEASED M
-	(Type or print) Mary Deall DEATH August 23 1961
	S. SEX 6. COLOR OR RAST 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR) IF UNDER 24 HRS.
	WIDOWED DIVORCED (4 kml // 1889 9) vis.
	Oe. USUAL OCCUPATION (Give kind of work done during most of working life, eyes if white done during most of working life, eyes if whited)
	Hausends Hame Maulend USA
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
- 1	Yes, no, or unkown) [(fivesgivewerordetesofservice)]
=	18. CAUSE OF DEATH [Enter only one ceuse per ligger (e), (b), and (c).] Mrs liggres Whilehead facual My
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (6)
	DUE TO P. COMPLETO
	Conditions, if eny, which (b)
	geve rise to immediate ceuse (e), stating the underlying DUE TO
	couse lest. (c) Vent arthropatran
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? YES NO
	2De. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
	OR CONTRIBUTING [] CAUSE OF DEATH
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '2Df. (City or town) (County) (State) Hour e.m.
	21. I certify that (I) (this hospital) attended the deceased from 19.7.9 to 2
	saw the deceased alive on
-	22b. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED
	22e. PHYSICIAN'S PHYS. DIRECTOR PHYS. L
	NAME (1996) J. M. WARKEN
3	130 BURIAL, CREMATION, 237 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) (Stole)
	Durial leng 25 1961 St Many Cem. Laure Mos
1	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS
=	De Will Ranaldon Karriet Med DATE AUG 29'61 Outling & House



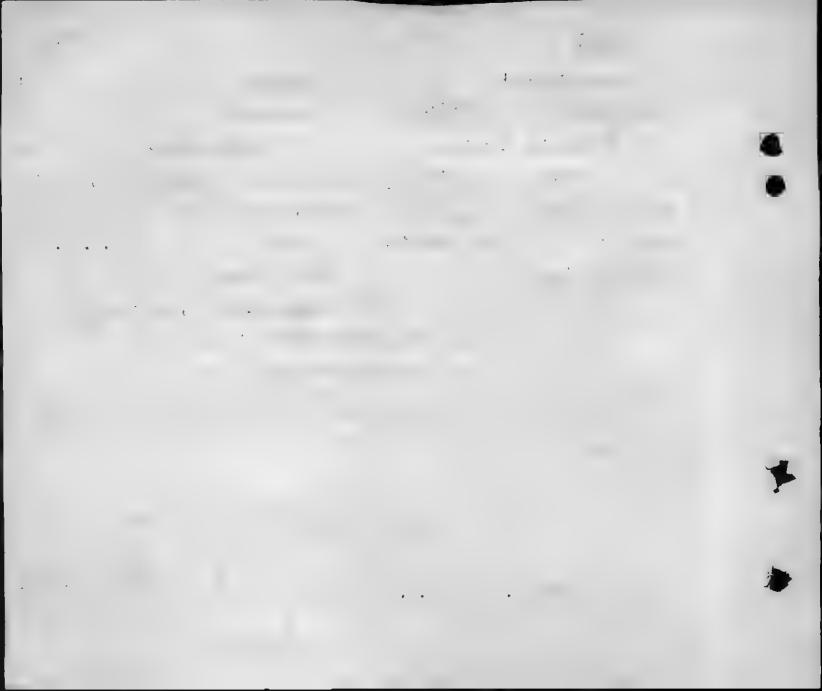


Division of STATISTICAL RESEARCH W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I'ved, if institution, Residence before edm ssion) Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! Hyattsville Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5803 15th Place YES NO IX Prince George's General Hospital 4. DATE Month DECEASED (Type or print) William DEATH 1961 Jerome Betts August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER TYEAR) IF UNDER 24 HRS. 2 wit age 5 may 1 and 2 wit 72 hours last birthday) Months Davs Hours WIDOWED [DIVORCED F March 24,1944 Male 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? Item 18. Give Pages 1, 2, with form PM3. Page 1 permit. Ele pages 1 and n any event within 72 h dane during most of working life, even if refired) U.S.A. Student High school New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine-Megenedy John Henry Betts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) John H. Betts, same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ASPHXI IMMEDIATE CAUSE (a) Office Drowning gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n)) 19. WAS AUTOPSY PERFORMED? 8 Chief Medical I Known Epileptic 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) into pond while fishing. 10:30 Mar 1 Aug 1961 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) In a wooded Area While Not While at work A Chillum Park P.G 를 가 다 다 50 E 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X. Inquiry T and in my opinion te the certific forwarded to Accident X Homicide Undetermined manner death resulted from: Natural causes Suicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE EXAMINER'S 1961 August NAME (Type) JAMES BOYD D. M. D. Addr Address (Streat, city, town, or county) 22d, LÖCATION (City, town, or country) 40 8 23 FUNERAL DIRECTOR VS. A15ME W. W. CHAMBERS CO., Riverdalem Maryland. AUG 4 5M 9/60 morning of Thomas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USURL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside comprate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dead on Riverdale Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Leland Memorial Hospital 4801 Madison YES NO 3. NAME OF 4. DATE DECEASED Calvin (Type or print) William Billings DEATH August 2 with 1 6. COLOR OR RACE 7. MARRIED VEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED [Male DIYORCED [June 69 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Construction Carpenter Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Billings Moxley 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unknown) (If yes a ve warpr datas of service) Ethel Maude Billings, same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Acute Congestive Heart Failure IMMEDIATE CAUSE (a) **DUE TO** Conditions, d any, which Coronary Heart Disease gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 19, WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. OR: P at work at work 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection . Inquiry | and in my opinion forwarded L DIRECT G Natural causes death resulted from: Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER should be for FUNERAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER August 28, 1961 EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) DEF 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 240 g LINCOLN FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE VS. A15ME 5M 9/60 arthur S. Kons

MARYLAND STATE DEPARTMENT OF HEALTH



MAR	YLAND	STATE	DEP	ARTMEN	T OF	HEALT	Н

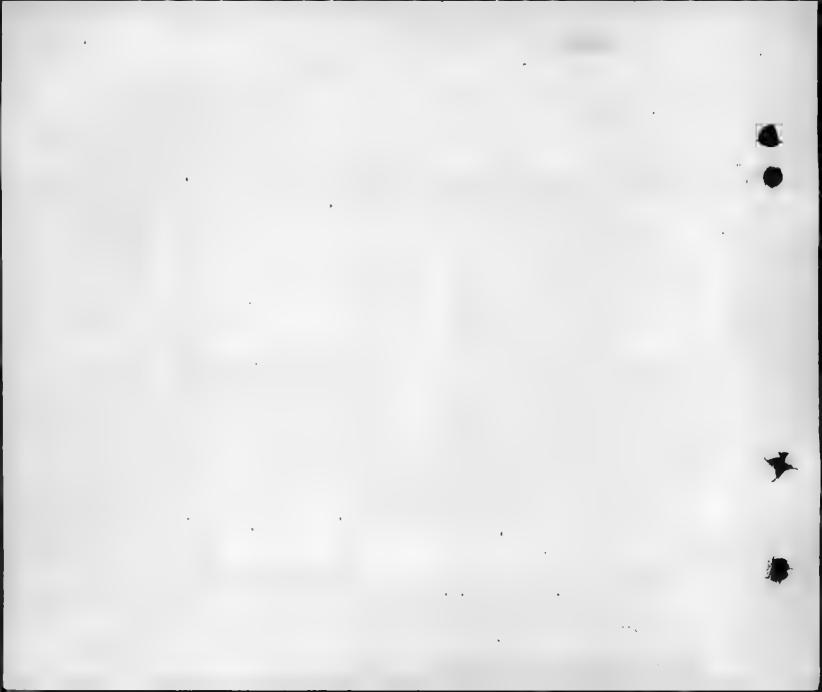
	DIVISION	OF STATISTICAL RESEARCH A		MORE 1, MARYLAND	09420
L	9428	Information from	TE OF DEATH		1104011
1.	PLACE OF DEATH . COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY Prince	
1	b CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	write C LENGTH OF STAY IN 16	CITY OR TOWN (IF o	utside corporate limits, write RU	
Ł	Cheverly	3 Days	Laurel		
	or INSTITUTION	street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	- Lince depres de	neral	Pox 201		YES NO
3.	NAME OF DECEASED (Type or print) Baby Boy	Middle	Eond	4. DATE Month OF DEATH AUG •	Doy Year
5.	SEX Male 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Colored	DOWED DIVORCED	Aug.8, 1961	yrs	Months Bays Haurs Min.
10	 JSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 	106 KIND OF BUSINESS OR INDU	STRY 17 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY
	coming most of warking me, even it ramed)		Md.		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	James Everett Jones		Veronica	Delia Bond	
	WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Addre	:55
1,1	No No	None Mo	ther Veronica	Bond, Same	
	1B CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY	per line far (a) (b), and (c).)	Primite	ty	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	-	1 1-4		
	Conditions, if ony, which)		acelacke	A Comment of the Comm	
	gave rise to immediate				
	lying couse last.				
Z	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY
FICATION			-		PERFORMED?
CERTI	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in t	ron I or Fari II or Hem. Is j	
MEDICA	Hour a.m.		ACE OF INJURY (Home, farm ictory, street, affice bldg., etc		(County) (State
	21. I certify that (I) (this haspital) a	ittended the deceased fram	Aug. 8 12	61 . 10 Aug. 11	_, 19.61 , that (I) (we) la:
	saw the deceased alive anAu	2 - 11 19 61, and that a	death accurred al	M. Fram the causes and	d an the date stated above
	220. SIGNATURE Jolinh Tur	ber-	M.D. ATTENDING MI	ED. STAFF	ZZb. DATE SIGNE August 15, 196
	22c PHYSICIÁN'S NAME/Type)		22d ADDRESS		
	John W. Perk	ins, M.D.	5301 Hamil	ton St., Hyatts	ville, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, o	r county) (State)
	Cremation 8-23-61	Prince Gep.Ge	en.Hospital	Cheverly, Mar	vland
24	FUNERAL DIRECTOR'S SIGNATURE	ADD/RESS /			TRAR'S SIGNATURE

Page Jr. Administrator

arthur S. Krous

DATE AUG 2 4 '61

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VR A1S (4) 1SM 9/59

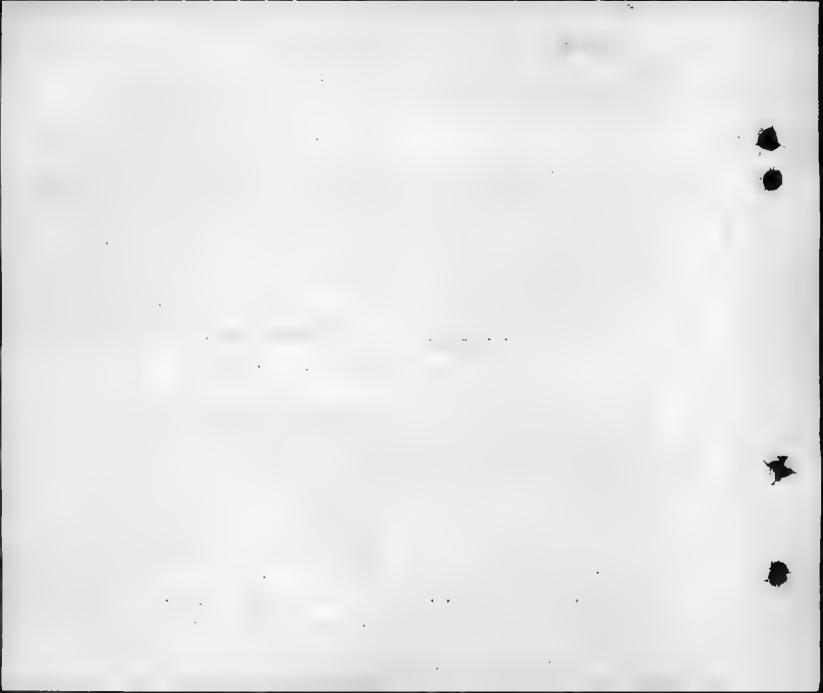
Administrator

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 9429

09421

	1. PLACE OF DEATH 6. COUNTY Prince Ge	argels		MARYL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marvland Prince George † S						
7	CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 15	c CITY OR TOWN ()
Ч	Cheverly	aresi rowirj				Hvattsvi	lle		1 3			
٥	d. NAME OF HOSPITA	AL (If nat in hospital, g	ive street	oddress)		d. STREET ADDRESS			1		e. 15 RESI	DENCE
A		eorge's Ger										FARM?
	3. NAME OF DECEASED	Fer	st	Middle		Lost	4. DATE	Mon	ıth	Do	у	/eor
	(Type or print)	Baby	r Boy			Brown	DEATH	Augu	st	10	5 1	961
	5. SEX	6. COLOR OR RACE	7- MAR	RIED NEVER MARRIE	8.	DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER			
	Male Negro widowed □ D					ugust 16,	1961	yrs.	monins	Doys	Hours	23.
)	100 USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (Ste	ote or foreign c	ountry)	12 CITI	IZEN OF	WHATC	OUNTRY?
	None			None		Prince G	eorge!	County	U.	S.A		
	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	Donald	Brown				Josephin	ne Bar	nes	S	ems		
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	RMANT		Add	ress			
	110	, , , , , , , , , , , , , , , , , , , ,	,	None	N	other		Sai	me			
	18. CAUSE OF DEA	TH [Enter only one co	use per l	ine for (o), (b), and (c).]		~ +- 0	-2				RYAL BE	
	PART I. DEAT	H WAS CAUSED BY:	Pr	energia de la companya della companya de la companya de la companya della company		Cilele	clas	Len		1	hrs.	Ec.
-	762	f DUE TO				1	_0_		_	23	min	
	Conditions, if on		d			(Inen	rateur	47				
		gave rise to immediate couse (a), stating the under DUE TO										
	lying couse lost.) (0	:)									
	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GIV	VEN IN PAR	(a) [T	9. WAS A	AUTOPSY RMED?
	\ <u>\</u>										YES 🔲	NO 🗌
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	Enter noture of injury	in Port 1 or Pai	rt II of item 18.)				
	Y 20c TIME OF INJURY Hour o. m.	Month, Doy, Ye			20e. PLACI	E OF INJURY (Home, for	arm, 20f. (Cit	y or town)	(1	County)		(Stote)
	Hour o.m.	19	While of wo	Not while	100101	,, sileer, directoring ,	6,4-1					
	21 I certify that	t (I) (this haspita	l) atten	ded the deceased f	from_A	ugust 16	1961 , to	August 1	6, 196	1, H	iat (I) (we) last
				16 1961 , and								
	220 SIGNATURE	1 1	1									DATE SIGNED
		Much	TH	lan	M I	90	MED.	STAFF PHYS				3101460
	22c PHYSICIAN'S NAME (Type)	1	0			22d ADDRESS 5	301 Ham	ilton St				
		Dr. John	Park	ins M.D.			vattsvi	110, 14				
	23a BURIAL, CREMATION REMOVAL (Specify))F	23c NAME OF CEME				TION (City, town,	or county)		(Stot	e)
	Cremation	8/23/61	11	Prince Geo	.Gen	Hospital	Chev	erly, Md				
	24 FUNERAL DIRECTOR'S	SIGNATURE	1/2	ADERESS		250. R	AUG 7 4		STRAR'S SI			
	Harry W. I	Penn, Ji	Ule	1/UKE	a	DATE	AUG Z 4		Irihur .	A, Thi	LILE .	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9431

09423

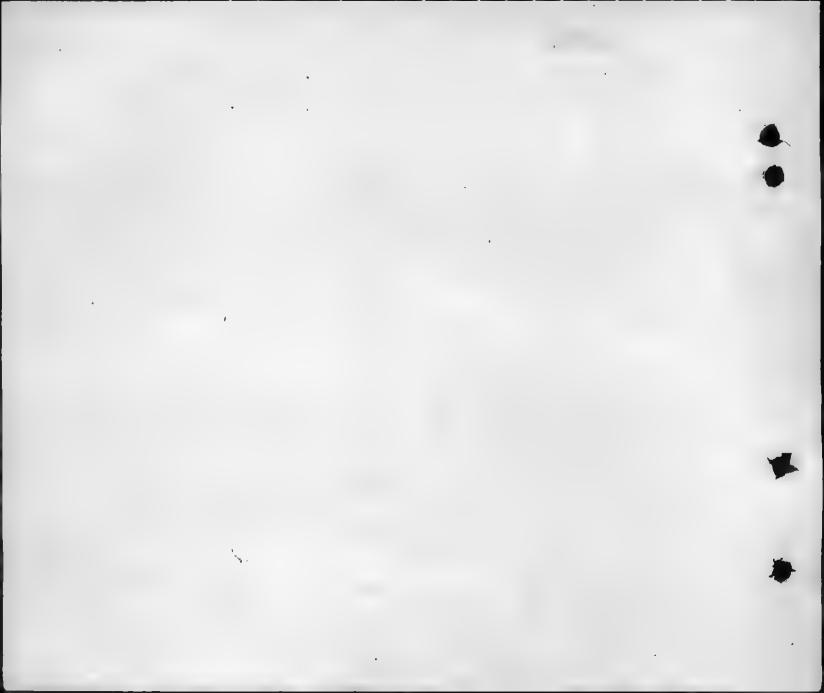
ſ	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Prince George MARYLAND	o. STATE Md b. COUNTY Prince Gernyes
ĺ	b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Cheverly	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)
	d NAME Of HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital	d. STREET ADDRESS 13007 LAUREL AVE a. IS RESIDENCE ON A FARM? YES NO [4-
	3 NAME OF First Middle DECEASED (Type or print) JAMES	BUCKLEY GEATH ALG 10 1961
-	Male white widowed Divorced	B. DATE OF BIRTH July 30, 1908 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
	10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES and USUAL STREET OF BUSINESS OR INDUSTRIES TO STREET OR I	
	James Buckley	14. MOTHER'S MAIDEN NAME Elizabeth Schmidt
		ldred E Buckley Cheverly, Md.
	PART I DEATH WAS CAUSED BY CANCINO MINMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AJTOPSY PERFORMED? YES NO
	F OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II of item 18.) ACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State)
		ctory, street, office bldg., etc.)
	22o SIGNATURE	death accurred at 3 PM, from the couses and on the date stated above ATTENDING M.D. PHYS M.D. PH
	22c PHYSICIAN'S NORMAN DOUAT Come	CHL 3503 Penny 5, MT NAINIER MA
a	23d BUR A., CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OF CEM	
1	F. Gasch's Sons Hyattsville, Md.	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE AND 161 Outling & Huma

The law requires that the death merificate be executed within 24 haurs after death. Page 4 may be retained by the haspital arc, and physician.

TO FUNERAL TOR: After this certiff for has been signed by the attending physician and campletely page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after action. TITELIDING PHYSIC TO HOSPITAL

funeral director,

VR A15 (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4

VR A15 (4) 15M 9/59

9433

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09425

1	PLACE OF DEATH 6. COUNTY Princ	e George		MAR	YLAND	2 USUAL RESII	yland	ere decease	rince of institut		before adn	ission)
	b CITY OR TOWN (IF RURAL and give net Cheve	prest town)	its, write	c LENGTH OF STA	Y IN 16	c. CITY OR 1	OWN (If o		orate limits, write l	RURAL and giv	e nearest to	wn)
	d. NAME OF HOSPITA OR INSTITUTION				1	/ d. STREET A		eck St	• • •		10	ESIDENCE A FARM?
3.	NAME OF	Fie		Midd		las	t	4. DATE	Mo	nth	Day	Yeor
	DECEASED (Type or print)	Har ry	Wi	ilson		Burnhar	n	OF DEATH	Aug	•	6	1961
5	SEX	6. COLOR OR RACE	7. MAR	RIED E NEVER MARE	RIED B	DATE OF BIRTI	н		9. AGE (In years			IDER 24 HRS.
	Male	White	WIDOW	ED DIVORC	ED 🗀	June 2.	1909		fost birthday) 52 yrs	Months D	loys Hou	rs Min.
100	USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS				or foreign c	ountry)	12. CITIZE	N OF WHA	T COUNTRY?
	Bartender	ing lire, avan ir renred	1	Restaurant	ե	Ma	rylan	ıd		U.	S.A.	
	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				
	Harr	y Burnham				Sara	h Joh	nson				
	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0 17 INI	ORMANT			Add	lress		
1	Yes	WWII	ervice)		Ву	ron Bur	nham,	Charl	Lotte Ha]	1, Md.		
NOI	Conditions, if on gave rise to in couse (o), stoting to lying couse lost.	nmediate (As A	rute Congerterisclor	stive itic sthem	leart Di	sease	9	E CONDITION GI	VEN IN PART	Yes	id death Hr Years
MEDICAL CERTIFICATION	20c. TIME OF INJURY	S UNDERLYING CI CAUSE OF DEATH MEDICAL EXAMINER) (Month, Doy, Ye	or 20d I While		20e PLA	CE OF INJURY (Home, form	1, 20f. (City		(Co	YES unity)	NO (State)
	21 certify that (I) (this haspital) attended the deceased fram											
230	BURIAL, CREMATION REMOVAL (Specify) Burial	N, 23b. DATE THERES	OF .	23c. NAME OF CE			ages and the second	23d. LOCA	TON (City, town,		(8	tote)
	FUNERAL DIRECTOR:		e, Wa	ADDRESS Md.				D BY REGIS		ISTRAR'S SIGN		



15

death. Per may be retained by thospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and competely die by the attending physician and competely die by the attending physician and competely die by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be died with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19426

1. PLACE OF DEATH		2.		NCE (Where d			nce before edmission)
. county Prince Geor	ges	MARYLAND	e. STATE	. C.	b, cour	VITY	V
b. CITY OR TOWN (if outs de corporet	e limits, c LENGTH	OF STAY IN 16	c. CITY OR TOWN	n (If outside corp	porete fimits, writ	e RURAL and give	neerest lown)
Glenn Dale (rura		days	W	ashingt	on	Ł	-47
d. NAME OF HOSPITAL OR INSTITUT	ON (if not in hospital, give str	eel address)	d. STREET ADDRES			-	A. IS RESIDENCE
Glenn Dale Hospit	al		1124	Girard :	St., N.	W.	YES NO X
3 NAME OF DECEASED	First	Nidd.e	Last	4 DATE	Mont	h Dey	Year
(T	Mary	— =	Burns	DEATH	8	23	19 67
5 SEX 6, COLOR OR I	RACE 7 MARRIED NEVER	MARRIED 1 8. DA	TE OF BIRTH	19	AGE (In years lest birthdey)	IF UNDER TYEAR	
Female Negro	WIDOWED TO	IVORCED	8/31/188	4	76 yrs.	Months Deys	Hours Min.
10e. USJAL OCCUPATION (Give kind of done during most of working life, even if	work 10b. KIND OF BUSIN	NESS OR INDUSTRY 11	, BIRTHPLACE (Co	ounty & Stele, or		12. CITIZEN C	OF WHAT COUNTRY
Unknown 13 FATHER'S NAME	Unknown	14.	Unknown	N NAME		USA	77
		1					
Lloyd Price 15. WAS DECEASED EVER IN U.S. ARMEE	FORCES? 16, SOCIAL SEC		Elizabeth		Addres	. ~	
(Yes, no, or unkown) (livesgivewerordal	les of service) Unknown		eden t				
18 CAUSE OF DEATH [Enter onl			adello			1 18	TERVAL BETWEEN
DARES DESERVISES CALLES			ont left			01	20 hrs
	SE (6) OCT COT OTABC	LIGIT GCOLGG	Jilog Leto				EV III Sag
Conditions, feny, which		arterioscle	aroei e				Unknown
gave rise to immediate ceuse	IE TO	OT OCITOSOT	21 0272				THE TOWN
(a), slefting the underlying course lest.	/-1						
	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE	CONDITION GIV	VEN IN PART 1(e)	
Generalized arte	riosclerosis,	arterioscle	erotic he	art dis	ease; pn	ieu-	YES NO 1
	HET LODE FESO 1 20b. DESCRIBE HOW	INJURY OCCURED. (En	ter nature of injury	in Pert I or Pert	II of item 18.)		
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH						
3 20c. TIME OF INJURY Month, De			F INLURY (Home, fe		y or town)	(County)	(Stete)
20c. TIME OF INJURY Month, De Hour e.m.	While Not Wh	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	street, office bldg., o	elc.)			
21. certify that (1) (this h	ospital) attended the d	eceased from	8/18/9	. 1861 to	8/23/	1961	that (I) (we) las
saw the deceased alive on							
22e. SIGNATURE	1						22b. DATE
1 Clase	Vers.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8/23/1961
22c. PHYSICIAN'S NAME (Type) MOR	Maine M D		22d. ADDRESS	Glenn	Dale Ho	spital	
NAME (13be) MOG	Weiss, M. D.			_		1	
230 BUR AL, CREMATION, 236 DATE	THEREOF 23c. NAM	LE OF CEMETERY OR	REMATORY		ATION (City, io		(Stote)
8-0	26-61 Woo	deloun !	Quelen	14611	Dewers	119 30	90.
24 FUNERAL DIRECTOR'S SIGNATURE	ADD:	RESS (1870)	25e./I	RESIDENT REGIS	JRAR 256. KE	GISTRAR'S SIGNA	
Malitan-oci	resture. H	24018	1/W DATE			Irillian S. H	init



n and ever din by the funeral a carbon papers. Sges I and 2 should not, within 72 hours after death within 24 hours after TO HOSPILAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Per may be retained by hospital or attending physician.

S TO FUNES CONTRIBLETION: After money attended by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S be filled with the State Dept. of Health prior to burial, cremation, or removal, and in the papers, within 72 hospitals.

1. 3

3.

5.

10a. don

15, (Yas **n**(

MEDICAL CERTIFICATION

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DIVISION O	F STATISTICA	MARYLA L RESEARCI	ND STATE AND RECO CERTIFIC	RDS, 30	RTMENT OF W. PRES	_	,	ALTIMOR	E 1, MAR	YLAND () () ()	27
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									- P I	1,03	- a
COUNTY Prince	Georga's		MARYLA		a. STATE	Haryl		b. COUNT	Frinc	OCL D	rge s
wild the veri	putside corporata I mi ya neerast town)	ts, c. l	LENGTH OF STAY	days	CO	wn (If outside 11ege		limits, write R	URAL and giv	a naerast to	wn)
	l or institution (f not in hóspital,	g ve streat eddress,	1	d. Street ADD	49th A	venue			ON	RESIDENCE LA FARM?
NAME OF	_			1			# ID #1				- 1
DECEASED	F rst		Middle		Last	4. D	F	Month	Da Da	y Ya	ar
Type or print)	Doshia	7. MARRIEDX	A NEVER MARRIED		anton TE OF BIRTH	D	9. AG	August	31 CNDER I YEA		ER 24 HRS.
'emale	White	W DOWED	DIVORCED		-12-06		1 2	birthday) 7	Months Days	Hours	Min.
e during most of worki	(Giva kind of working life, even if ratire	d) 105. KND C	F BUSINESS OR IN	DUSTRY 11	BIRT SCE	(County & SI	ate, or fore g	n country)	12. CITIZEN	OF WHAI	COUNTRY
Housewif				14	Virg	inia DEN NAME			υ,	S.A.	
Samuel D		ervice)	AL SECURITY NO		RMANT	ie En		BLO4	49th	Aven	_ .ue
		n		Ro	bert F	. Cant	0 n(offol		NEWAL	
(7/)	WAS CAUSED BY, MEDIATE CAUSE (a) DUE TO which (b)	cousa per line fo	(a), (b), and (c)	Ca	ref (Cei	tes:			NTERVALTE	DEATH
PART II. OTHER S	GNIFICANT COND		HOW INJURY OC						Ñ № PART 1(a)		ALTOPSY ORMED?
OR CONTRIBUTING [CAUSE OF DEATH	100. DEJCRIBE	110 H HOURT OC	COKED, LEAN	or material or mile	.,	. 16/11 0/1/				
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Ye		Not While et work		F INJURY (Home traat, office bldg		i. (City or to	wn)	(County)		(5tate)
21. I certify tha	at (I) (this hospil	al)_attended	the deceased f	rom	****** * ****** A	19 بس	, to		, 19,	that (I)	(we) last
saw the decease		US 1	.19 CG and			P.M.	from the	causes a	nd on the	date state	ed above.
220. SIGNATURE	Jost	Ler) .	M.D	ATTENDING PHYS.	MED. D RECTO		AFF S	eptembe	22 er l,	DATE SIGNED
NAME (Type)	Aaron Deit	z, M.D.			4314 Ga		St.,	Hyatt	sville	, Hary	rland -
BURIAL, CREMATIO	N, 23b. DATE THE		. NAME OF CEME					City, town			(Stata)
FUNERAL DIRECTOR'S	SIGNATURE		rlingtor ADDRESS	NAC	ional 25a	REC'D BY	REGISTRAR	25b, REGIS	on Vir	ATURE	& _
1+1/1	nes (6 2	9011	451	NHOA	TE REP. 5	181 -		- P-4	-	_ =



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2726 Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince Georges Orange ero CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) placks Hvattsville Highland Mills d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 8910 Riggs Road YES 📋 NO 🖃 NAME OF 4. DATE Middle last Year Month (Type or print) Sister St. Casilda DEATH August 1961 Leurs Caron 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. P. AGE (In years lost birthday) Months Doys Fomale White WIDOWED [DIVORCED | February 28,1891 comple 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Roman Catholic Num Religious Order Mhode Island U.S. corbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Achille Victoria Houle 72 hours o 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stating the underpuo lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1P. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) cremotion, 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour q. m. While Not while of work of work HOGE, 1962, that I last saw the deceased That, I attended the deceased fram. 4 00PM, from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI è PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) MARYLAND

ADDRESS VASH.

24b REGISTRAR'S SIGNATURE

witnes & thousand

24g REC'D BY REGISTRAR DATE AUG 4

Poge death. within executed O

23 FUNERAL DIRECTOR'S SIGNATURE



0201				(1034
PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who	are deceased lived. If institution is county	on Residence before admission) Prince Georges
b CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Cheverly	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION Frince Georges Genera		d. street address	Castern Ave.	e IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print) Rumsey	ELIAS	Cave	4. DATE Mon OF DEATH Augu	
20 2	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 31 Jan 1891	9 AGE (In years lost bighdoy) yrs.	Months Doys Haurs Mir
	WASHINGTON CASI	co VIRG	LINIA	12 CITIZEN OF WHAT COUNT
3. FATHER'S NAME WILLIAM CA	VE		NOWN	
(Yes no or unknown) (If yes, give wor or dates of service)		ROBERT H. CAU	IE. ROCKVILL	NSBORO RD E, MD
18. CAUSE OF DEATH [Enter only one cause prepart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	re line fay (0), (b), and (c).]	Faile	re'	INTERVAL BETWEEN
Conditions if ony, which gove rise to immediate cause (a), stating the under-lying couse last.	Cerrho	015 167	Le liver	inkno
PART II. OTHER SIGNIFICANT CONDITION	ns contributing to DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART I(0) 19. WAS AUTOF PERFORMED YES 100
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	art for Port II of item 18.)	
A Hour o.m. W	d. INJURY OCCURRED 20e. PL hile Not while fa work at work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.	20f. (City or town)	(County) (St
21 1 certify that (I) (this haspital) att saw the deceased alive on and				196/, that (I) (we) I
Beyenne A. In	eller	M D ATTENDING ME DIE	ECTOR D STAFF	Rug 18 196 F GATE
NAME Type) Dr. B. Hille:	r., M.D.	3824-3	1 St her 1	Carmer h
230. BURIAL, CREMATION, 235 DATE THEREOF REMOVAL (Specify) AUG 21,196		NATIONAL	SUITLAND,	MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE	Riverdale, M	250. REC'I		STRAR'S SIGNATURE Thus S. Have

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with may be referred by the hospital or adding physician.

TO FUNERAL PRECTOR: After this convecte has been signed by the attending physician and camplete page 3 should be detached far use as the burial transit permit. Then please remaye carbon pages. Pethe State Board of Health priar to burial, cremating, or remayal, and in any event, within 72 permitter. VR A1S (4) 1SM 9/S9

1AN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

the funeral director, should be filed with be filed

er death



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CE OF D

		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence	befare admission)	
	0	TRINCE GEO	OTY ARYLAND B. COUNTY PRI	NCE GRO	
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn)	c. CITY OR TOWN (If outside corporate timits, write RURAL and gir	ve negrest tawn)	
		OXON HILL 22 YEARS	17/0 XON HILL		
	d	I. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE	
		OR INSTITUTION	12001 OWENS ROS	ON A FARM?	
ı	2 6	NAME OF First Middle	Lost , 4. DATE Month	Day Year	
		SPECEASED EMM D R.	O A C E IN /O A A NO. OF		
	5 5		P. DATE OF BIOTH O	YEAR IS LINDER 24 HRS	
V	3 3 1			Pays Haurs Min.	
Н		TEAMALE WILLIAM DIVORCED LINGUIST 1881 00 yrs.			
	10a.	0a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
1		HOUSEWIFE DOMESTIC	IMARYLAND	· S · H	
	13. I	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	800	John Cusick	SAPAA-A-A-()WENS		
ı			NFORMANT Address 9	21 OWENS	
1	(Yes.	NC (ff yes give war or doles of service) NONE	LUEYLN C. ODONNELL RD	S.E.	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/	INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY	the com - Leelle - 1	ONSET AND DEATH	
		IMMEDIATE CAUSE (a) CERTIFICATION OF THE TOTAL CAUSE (b) DUE TO	4.7	1.	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	or ser to be	15 148-K	
		gave rise to immediate	The second of th		
		cause (a), stating the under-			
Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				LI JAO HALE MITOREY	
			PERFORMED?		
				YES NO	
	4		LACE OF INJURY (Hame, form, 20f. (City or town) (Co	punty) (State)	
	WEDICAL	Hour a.m. While Not while fo	octory, street, office bldg., etc.)	(0.000)	
	×				
		21 1 certify that (I) (this hospital) attended the deceased fram. ICL 7			
		saw the deceased alive an 2 2 2 and that death accurred at M, from the causes and an the date stated above			
		22a SIGNATURE		22b. DATE SIGNED	
		The Party of the Contract of t	M D PHYS DIRECTOR DIRECTOR DIRECTOR	JIGHED	
		22c PHYS CIAN'S NAME (Type)	22d. ADDRESS	Jample 46	
		Lewis PARKER	5241-St Barnafres Rd	mil	
	23a	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	QR CREMATORY 23d LOCATION (City, town, or county)	(State)	
		REMOVAL (Specify) 1 B. DIL- (1 Code IL	el Suttand in	rangland	
	24	FUNERAL PRECTOR'S S.GNATURE	25g REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	NATURE	
	24	the state of the s	T AND 15'61 Collar &		

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TO HOSPITAL OR ATTENDING PHYSPETAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. 19 by the hospital of death and physician.

TO FUNERAL RECTOR: After this certaficate has been signed by the attending physician and camplete ed. The funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. I arrize should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours offer each

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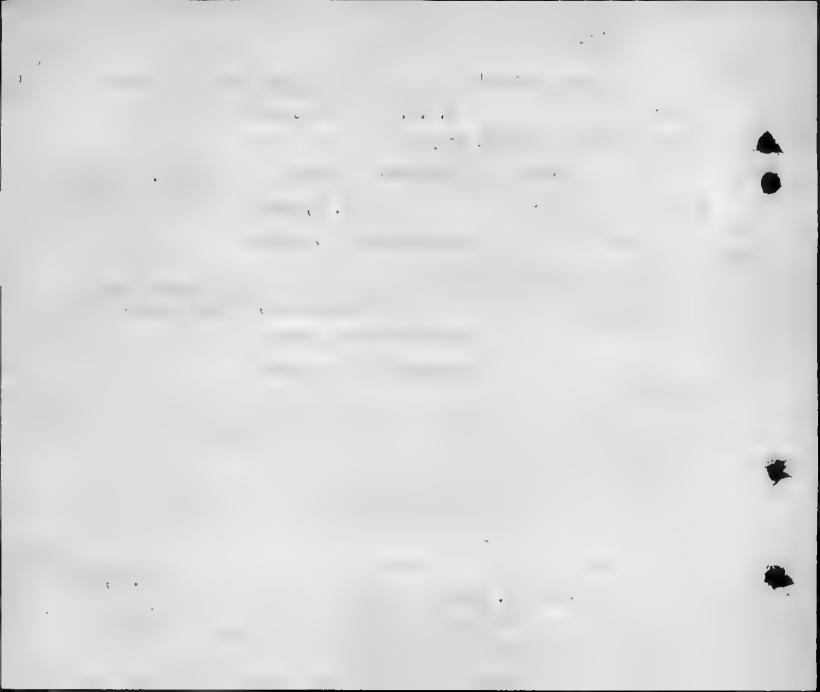
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) . COUNTY COUNTY by the and 2 death. RINCE MARYLAND by th CITY OR TOWN (if outside corporete limits. * LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) BRENTWEED d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y NAME OF Middle DECRASED (Type or print) DEATH 19 6 6. COLOR OR RACE , 7. MARRIED 5. SEX AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED IV physician 10e. USUAL OCCUPATION (Give kind of work Гетоуе 1 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) AUDITOR BRIGHTON LLINOIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ affending CHAPMAN WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (Yes, no. or unkown) i (if yes give wer or detecof service) VONE 18. CAUSE OF DEATH Enter only one cause per line for (e) (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) Month, Dey, Yeer (County) fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. 3 19.6./, that (I) (we) last and that death occured at5 saw the deceased alive on... . Q., M, from the causes and on the date stated above. ATTENDING 22b. DATE 22e. SIGNATURE SIGNED STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE director, p 23e, BURIAL, CREMATION, | 236 REMOVAL (Specify) MAUGILBUMI 25b. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 arthur & House

RYLAND STATE DEPARTMENT OF HEALTH

J. 32

Division of STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission) a. COUNTY b. COUNTY Prince George's a. STATE Prince George! MARYLEND b. CITY OR TOWN (I outside corporate lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate | mits, write RURAL and give nearest town) write RURAL and give nearest town) your d of l Cheverly D. O. A. Brentwood d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ya street addrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hospital 3404 Upshur Prince George'sGeneral YES NO TH NAME OF 4. DATE Month DECEASED the (Type or print) Creed Alexander Davis DEATH 19 with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with lest buthday) Months Devs 5 mg Nale WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages Construction Corpenter Virginia pages 1 within P.W3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eie form EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 4311 Newark Road (Yes, no, or unknwn) | (Ifvespiva warprdetasofservice) Thomas Leedy, with Colmar Manor. Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along v burial-transit p moval, and in INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Coronary Heart Disease Conditions, if eny, which (b) gave rise to Immediate cause 60 **DUE TO** (a), stating the underlying 50 causa lest. nsed cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION 8 PERFORMED? YES NO FX pinous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) the Ch. Page 3 sh. burials PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (Cily or lown) (County) (Stele) factory, street, office bldg., atc.) Not While Prior et work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection X Inquiry 🛣 and in my opinion Natural causes 🛣 death resulted from: Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL should be for PUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Aug. 23, 1961 EXAMINER'S NAME (Type) DEP Address (Streat, city, town or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or couplry) Z40 9 AEC'D BY REGISTRAS VS. AISME 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b** COUNTY Frince George MARYLAND Prince George b. CITY OR TOWN (I outs de corporate i mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give regrest town) write RURAL and give neerest town] 6 days Cheverly 6 days Hyattsville STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George General nd 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH James Dawson August 5. SEX AGE In years HE UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED TENEVER MARRIED lest birthdey) Months, Days Min Hours WIDOWED [lale 10a. USLAL OCCUPATION (Give kind of work 12. CIT ZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY tele, or foreign country New Jersey S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) Harriett Dawson Hyattsville Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b., and .c.) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMME LATE CAUSE (e) Conditions, if eny, which gave rise to immediate couse DUE TO (e), steting the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,8) 19. WAS AUTOPSY PERFORMED? YES K NO 203. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neure of injury in Part or Pert II of item 18.) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) (Stete) Month, Dev. Year fectory, street, off ce bldg., etc.) While Not While Hour a.m. at work at work n m .., 19 (0. / that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a saw the deceased alive on.-M. from the causes and on the date stated above. ATTENDING 22b. DATE 22e. SIGNATURE MED STAFF SIGNED DRECTOR PHYS. 26. 1961 22c. PHYSIC, AN'S 22d. ADDRESS NAME (Type)A Eastern Avenue, Vashington, ReLauren 23c. NAME OF CEMETERY ON BRANCHE XXX 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF (Stete) 28, 1961 George Washington Hyattsville, Md. 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hyattsville, Md. arthur S. Kraus

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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased hyad, If institution, Residence before admission I. PLACE OF DEATH is ne. director. P. vour files. e. COUNTY Brince George's Prince George's Maryland MARYLAND b. CIY OR TOWN (if ouls de corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Linds Knolls Transient Linda Knolls 7500 Doris Drive d STREET ADDRESS . IS RESIDENCE ON A FARMI 7510 Doris Drive S.E. YES NO T 3. NAME OF Middle DECERSED OF DeMarco Michael (Type or print) DEATH Jemes 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 19. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS. and 2 w lest birthdey) | Months | Deys Male WIDOWED [DIVORCED march 12, 1957 nould be executed within 24 hours after " in pencil in Item 18. Give Pages 1, 2, along With form PM3, Page 5 r 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None Nome File pages 1 Wash. D. C. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary G. Miller Eugene V. DeMai V. DeMarco 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, np, or unkown) | (If yes give we randetes of service) Eugene V. DeMarco Father 18. CAUSE OF DEATH [Entar only one causa par line for (a), (b), end (c).) INTERVAL RETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) removal, DUE TO Drowning Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCR BE HOW INJURY OCCURED, (Entar nature of Injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ of7**50**0 Fell in an open pit rear CAUSE OF DEATH Lie the certificate, which is forwarded to the Chief AL DIRECTOR: Page 3 , 20d. INJURY OCCURRED ., 20e. PLACE OF INJURY (Homa, farm, , 20f. (City or lown) 20c TIME OF INJURY (County) (Stala) factory, streat, office bldg., atc.) Not While at work X | Lot P.G. prior to Linda Knoll Md6 L al work Inquiry 4 and in my opinion Accident X. Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINERAL EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEPL 22a, BURIAL, CREMATION J 225 DATE THEREOF 22¢, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify)
Burial Fort Myer Virginia Arlington National ⊈45 F-240, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME DATE ALIG 1 8 '61 5M 7/59

STATE DEPARTMENT OF HEALTH





BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if Institution: Residence before ed e. COUNTY Marylandvirginia Prince George s Prince George's MARYLAND CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town). Mitchell ville Richmond d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Rip's Motel Southern Maryland Medical 3. NAME OF Middle DECEASED OF (Type or print) Albert William DEATH Mugust age 5 may be r 1 and 2 with the 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 29 yrs. Months Days Male WIDOWED [DIVORCED Oa. USLAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OF INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? 3. Page done during most of working I fe, even if rehred) Medicine Physician Maryland P.M3. 13. FATHER S NAME TA MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT 31 14 PARKWOOD AVE. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH " in pencil i Office alor burial-tran IMMEDIATE CAUSE (+) barbiturate poisoning Examiner's e used as a DUE TO (e), stating the underlying ld be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PERFORMED? YES NO -20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of an ury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chia R: Page 20c. TIME OF INJURY Month, Day, Your 20d. INJURY OCCURRED 120a. PLACE OF INJURY (Home, farm. ; 20f. (City or town) (County) (State) __Not While factory, street, office bldg., etc.) Waile et work st work 21 I certify that I took charge of the remains described above, held an Autopsy 📆 Inspection 🛣 Inquiry | 🛨 and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner 🔀 CHIEF MEDICAL EXAMINER ACTUAL lease execute to should be for S FUNERAL 1 or its designate DATE SIGNED SIGNATURE NAME (Type) Address (Street, city, town, or county) (State) 22c. NAME OF CEMETERY OR CREMATORY 22 d. L'OCATION (City, town, or country) 22a BURIAL CREMATION REMOVAL (Specify) 240 p 23. FUNERAL DIRECTOR 244. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A1SME Cathun S. Kraug SM 9'60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH Prince George filed COUNTY g. STATE b. COUNTY MARYLAND Maryl and Prince George's funeral o c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly Laurel d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS Showden Place OR INSTITUTION Prince George General Hospital . = 4. DATE NAME OF Middle lost Month DECEASED George Ellis (Type or print) DEATH A112 . 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Male Months WIDOWED [DIVORCED [7] Apr. 6.1902 papers. ā 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pan N 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remave cork 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ottending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if ony, which (b) signed gave rise to immediate DUE TO cause (a), stoting the under-Trellita lying couse ost. **burial-transit** peen ematian, has has 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, | 20f (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. While Nat while at work at work p. m. 21 I certify that (I) (this haspital) attended the deceased fram Aug • 15 1961 to Aug. 19 22o SIGNATURE

INTERVAL BETWEEN ONSET AND DEATH PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12 (County) (Stote) _, 19_61, that (I) (we) last saw the deceased alive an Aug 19 1961, and that death accurred at 6.50. For the causes and an the date stated above. 22b DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURLAL CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY OCATION (City, towncor county) (State) REMOVAL (Specify) APPRESS 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE 2So. REC'D BY REGISTRAR

IS RESIDENCE

ON A FARM?

YES NO X

Year

Hours

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death ATTENDING by the haspite CTOR: After t detached may be reky 5 FUNERAL poge 3 shaul poge 3 sh the State | 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDITEICA TO COMPANY AND RECORDS — BALTIMORE 1, MARYLAND

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	Where deceased lived If institution:	Residence before admission)
Prince George's Maryland C. SIATE Mary	land b COUNTY P	rince George's
	f autside carporate limits, write RURA	AL and give nearest fawn)
	attsville Md.	
d. NAME OF HOSPITAL (If not in haspital give street address) OR NSTITUTION d STREET ADDRESS	46	e. IS RESIDENCE ON A FARM?
6900 Calverton Drive 6900 Calv	verton Drive	YES NO
NAME OF DECEASED (Type or print) BESSIE ENGEL	4. DATE OF DEATH AUG	Z Z Day Year
SEX 7 ARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED Jan 4, 188	lost birthdox) sa	UNDER I YEAR IF UNDER 24 HRS
Od USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sto	te or fareign country)	12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Southern Railroad Co. Ma	aryland	U-S-A-
3. FATHER'S NAME 14. MOTHER'S MAIDEN	NAME	
Theodore Paul Engel	Mary Dance	
S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	Address	
(If yes, give war or dates of service) no none Mrs Grace Whi	ite Hyattsvill	e Md.
18. CAUSE OF DEATH [Enter only one cause per line, faty(a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	Longester	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) arcuin left b	unific.	4 yn 1
couse (a), stoling the under: DUE TO Line laste per (c) Line laste per	lungs O-1 fre	2-2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPS' PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a. m. 19 While Not while at wark at wark		(Caunty) (Stat
21 I certify that (1) (this haspital) attended the deceased from Certify	for lacking	. 1991, that (I) (we) la
saw the deceased alive an Aug Li 1941, and that death accurred al	on the date stated above	
220 SIGNATURE	,	22b DATE
M D PHYS	MED STAFF DIRECTOR PHYS	SIGNE
22c PHYSICTAN'S NAME (Type) COLC. ETICNA 2 22d. ADDRESS Y	x , 92 / 34	4- Mg 1/23
23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City, town, ar c	county) (State)
Burial Aug 25, 1961 Ft Lincoln Cemetery	Colmar Manor.	Md
	C'D BY REGISTRAR 256, REGISTR	AR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	WG 2 4 '61 auch	un S. Husua

TO HOSPITAL OR ATTENDING PHYSIONAY: The low may be ref. by the hospital or the drug physic TO FUNERAL A KECTOR: After this central te has been page 3 should be detached for use as the buriol-traithe State Board of Health prior to buriol, cremation,

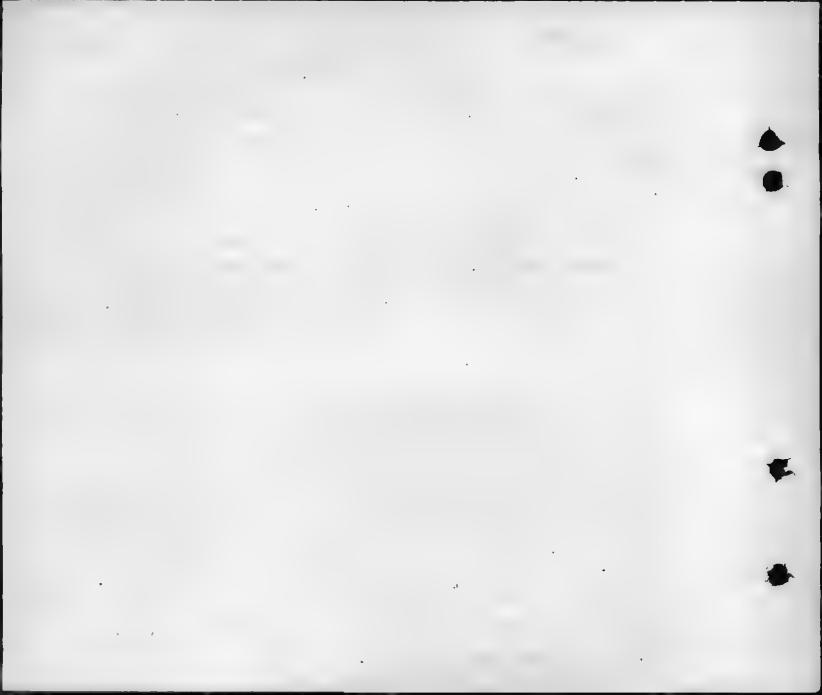
be filed with

should be fit

and the physicion. entire of the offending physician and completely entired to been signed by the offending physician and completely os the buriot-transit permit. Then please remove carbon papers. Pages uriot, cremation, or removal, and in any event, within 72 hours offer death uriot,

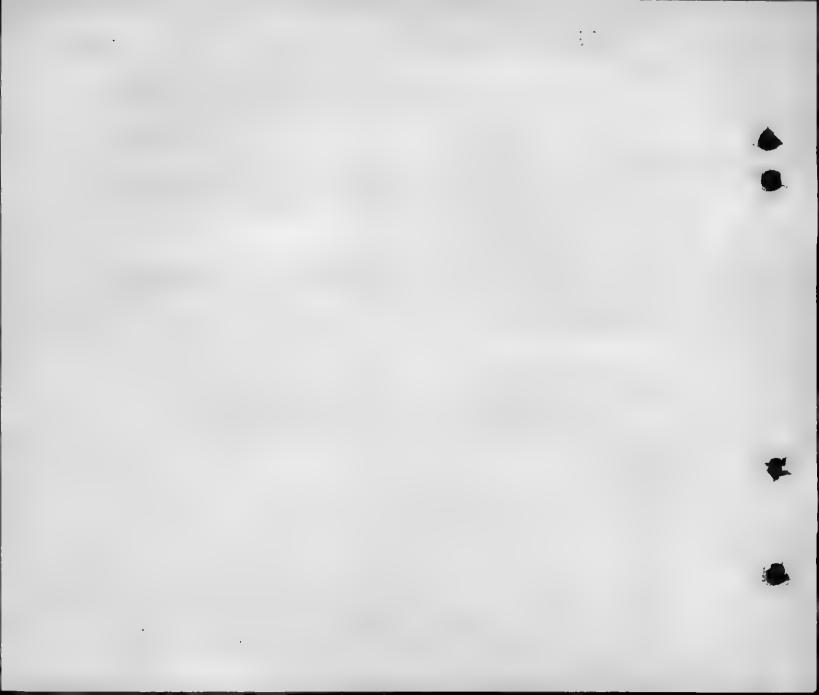
requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 15M 9/59



BALTIMORE 1. MARYLAND Division of STATISTICAL RE MINER'S Item-2/11/01 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmiss only . COUNTY Page files. Health, a. STAT MARYLAND b. CITY OR TOWN (if outside corporate lights, LENGTH OF STAY IN 16 write-RURAL and give nearest love) d NAME OF HOSPITA. OR INSTITUTION (f not in Agsp tel, e. IS RESIDENCE ON A FARM? State YES NO death 3. NAME OF Middle DECEASED with the (Type or print) DEATH O 19 AGE (In years OF UNDER 1 YEAR IE UNDER 24 HRS NEVER MARRIED birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? Pages pages PM3. 13 FATHER'S NAME Torm 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMAN permit. (Yes, no, or unkown) (If yes give wer or detas of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Office along in pencil IMMEDIATE CAUSE (a) certificate should be burial-DUE TO Conditions, if any, which (6) geve rise to immediate cause Ю DUE TO (e), stating the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERT.FICATION PERFORMED? NO [YES 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part II or Part II of Item 18.) should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 2Dd, INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. ded to the CCTOR: Pa at work at work Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😽 Inquiry 💋 and in my opinion death resulted from-Natural causes Accident Suicide Homic'de Undetermined manner DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATUR DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Typb) Addrass (Street, city, lown, or county) 22 BUR, AD CREMATION | 226. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) REMOVAL (Specify) 40 5 24a. REC'D BY REGISTRAR VS. A15ME Chilling & House 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH

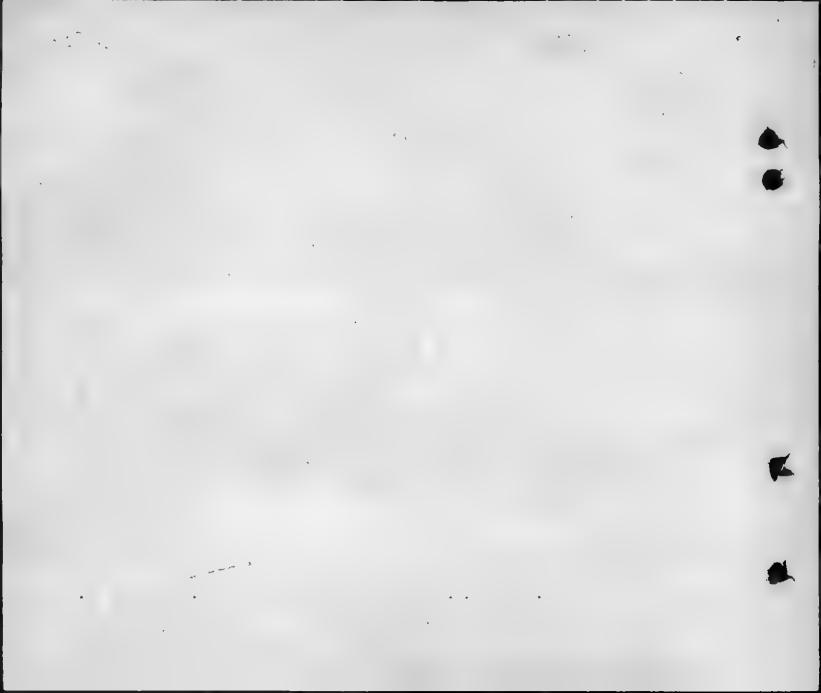


STATISTICAL RESEARCH AND RECORDS TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If Institution, Rasidance bafore admission) **b.** COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address) . IS RESIDENCE ON A FARM? YES NO Z NAME OF Middla DECEASED (Typs or print) 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last, birthdey) Hours Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dona during-most of working life, even if retired) 협 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 1 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyasgivawar or detas of sarvice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, gave rise to immediate causa DUE TO (e), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jun 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Slete) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., elc.) Whila Not While Hour e.m. at work 61 work p.m. saw the deceased alive on 22b. DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. PHYSICIAN'S BURIAL, CREMATION, MEMOVAL (Specify) 中岛 01 VR A15 (4) 15M 9/60 Cirilar & Kings

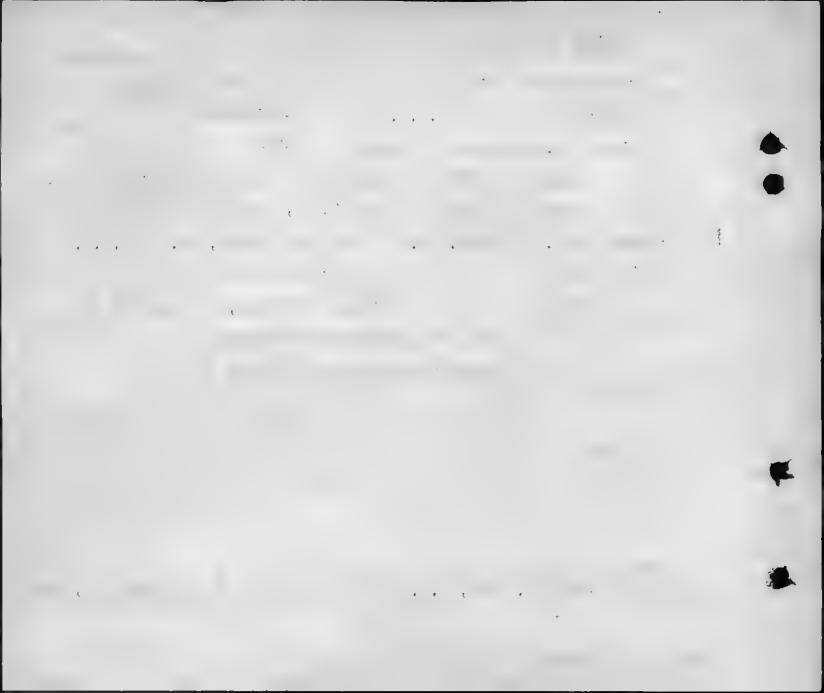
MARYLAND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) I. PLACE OF DEATH a. STATE the trade MARYLAND pue c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? DECEMBED OF DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In year IF UNDER I YEAR inst birthday) IF UNDER 24 HRS. Months WIDOWED DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) 13. FATHER'S NAME s attending pl Then please i Knouh (Yes, no, or unknwn) (If yes a vewer or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a,, (b), and (c,,) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUETO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PERFORMED? NO TE 208 ACC DENT WAS UNDERLYING LI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., alc.) Whila Not While Hour a.m. at work at work 9..., 1961, 10. Query, 71, 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. ATTENDING 22b. DATE 22a. S.GNATURE STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSIC.AN'S NAME (Type) 1 11108 Queensbury Rd. Riverdale, Md. Ronald E. Krum. M.D. 123d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Arlington National 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 25 '01 15M 9/60



LARYLAND STATE DEPARTMENT OF HEALTH REET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER R STATE 2. USUAL RESIDENCE [Where decessed lived, If Institution, Residence before edmission] . PLACE OF DEATH e. COUNTY a. STATE **6. COUNTY** Prince Georges County MARYLAND Maryland rince Georges b. CITY OR TOWN ('I outside corporete lim ts. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fletchertown Cheverly D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , g ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural Prince Georges General Hospital YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED DEATH (Type or print) ROBERT LKK FORD 19 61 August ay be with 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER! YEAR 5. SEX IF UNDER 24 HRS. last birthday) Male April WIDOWED KI 1881 DIVORCED EN 10b. KIND OF BUSINESS OR INDUSTRY O CI IOa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! pages-1 and with (done during most of working life, even if retired) Penn. RR. Charles County, Md. Laborer Ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Margaret Fender 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [Ifyosgiveworordatesofservice] William Winfield, No Same None None TB. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (e) DUE TO Cardio Vascular Renal Disease Conditions, if any, which geve rise to immediate couse DUE TO (e), stelling the underlying ld be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 160, 19. WAS AUTOPSY PERFORMED? NO D 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I, of Item 18.) PRIMARY OF CONTRIBUTING Chief / 2De TIME OF NULRY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While He : et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry IC and in my op.nion 0 5 Natural causes Undetermined manner Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE EXAMINER'S I. BOYD, M.D. August 1961 DEPU NAME (Type) Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) 220/ BURIAN CREMATION, 226. REMOVAL (Specify) 940 g 24b. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR 24 '6' VS. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Item Film G299 PLACE OF DEATH o. COUNTY p. STATE b. COUNTY Prince George Filed Prince George Maryland* uneral b. City OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edmonston Md. 무 Edmonston d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR NISTIT IT ON ON A FARM? 5114 Crittenden Street 5114 Crittenden Street YES NO KO NAME OF Middle 4. DATE Markham Fowler Rosa August 20 (Type or print) DEATH SEX 6 COLOR OR RACE 7- MARRIED NEVER MARRIED B DATE OF BIRTH 9, AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthdoy) Months White April 17, 1878 Female WIDOWED 🔀 DIVORCED [papers. On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Own Home Kentucky Housewife and pau 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Markham Sarah Caldwell remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Beulah L. Fowler no Same as #2 attending 18. CAUSE OF DEATH [Enter only one couse per sine for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has burial YES NO 7 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) foctory, street, office bldg , etc.) Hour o.m. While Not while 9 of work of work 21 I certify that (1) (thris hospital) attended the deceased from... (that (!) (www) lost sow the deceased alive on aug and that death occurred at 34 M, from the couses and on the date stated above. ECTOR 220 SIGNATURE 1961 SNED ATTENDING MED DIRECTOR STAFF PHYS Aug 19, M.D. 5102 Annapolis Road 22c PHYSICIAN'S NAME (Type) Barry Rosenberg Bladensburg, Md. 230 BURIAL CREMATION, 236 DATE THEREOF

FUNERAL VR A15 (4) 15M 9/59

Francis Gasch's Sons

24 FUNERAL DIRECTOR'S SIGNATURE

Hyattsville, Maryland DATE AUG 23 '61

Ft. Lincoln Cemetery

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

23d LOCATION (City, lown, or county)

Colmar Manor,

25b. REGISTRAR'S SIGNATURE

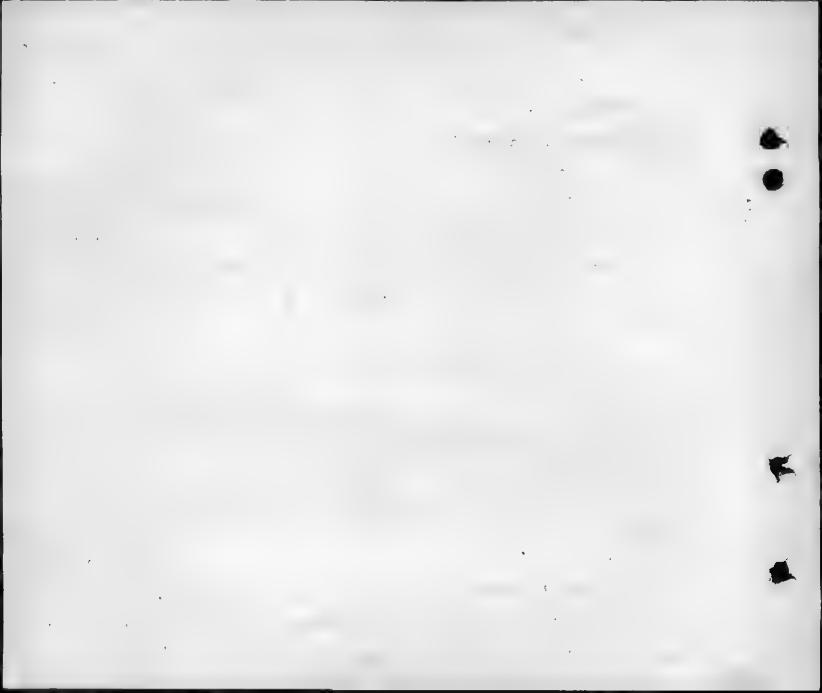
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(Stote)

22b DATE

(Stote) Md.

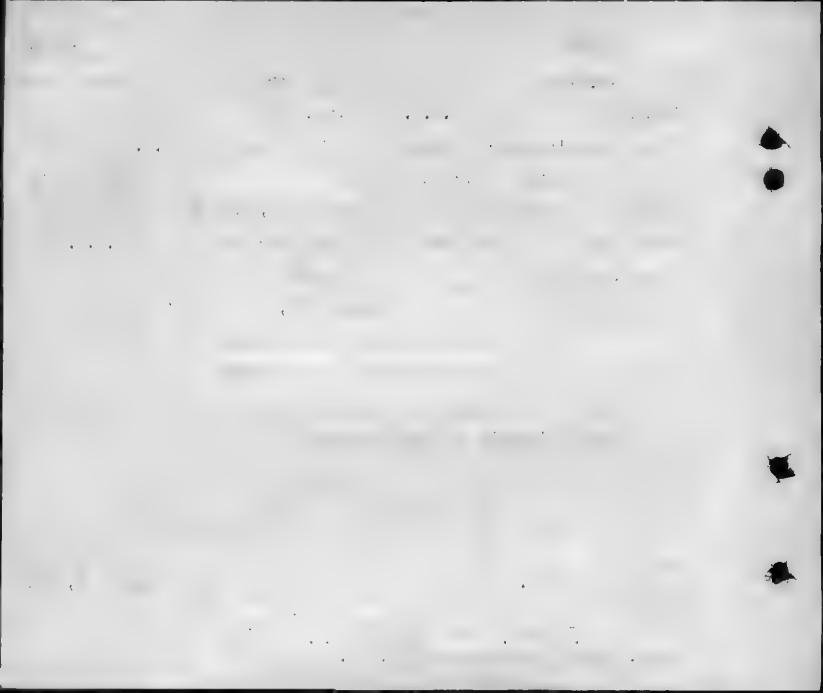
19



Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission) a. COUNTY cessary, or. Page frector. Page your files. rd of Health, LA SULL MARYLAND b CITY OR TOWN (if outs de corporate limits. E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] D. O. A. Oxon Hill Cheverly d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) J d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 6707 Palmer Road S.E. YES NO 3. NAME OF Middle 4. DATÉ DECEASED OF the [Type or print] Easter LadaM FOX DEATH าก 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) | Months | Days Hours January 24,1887 Female Colored widowed 🖂 DIVORCED I 2 7 Ja 10n. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) House Wife Own Home North Carolina U.S.A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Edwin Speight Unk Unknown Address (Yes, no, or unkown) ((Ifyes give war or dates of service) Harvey Fox, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: J be b.
A pencil it
Office alc
a burial-tr
moval, Acute congestive heart failure IMMEDIATE CAUSE (a) Cardiovascular renal diseasa gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY PERFORMED? ld be remari Severe diabetic of long standing

[20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) YES NO 1 T af Mellio 3 should 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ICAL certificate, wr... 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20m. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.] While Not While al work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 🖢 Inquiry 🚽 and in my opinion forwarded to DIRECTO death resulted from Natural causes 🛖 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUT ED ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James I. August 10,1961 EXAMINER:S NAME (Type) Address (Street, city, Iown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 1 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) g 40 ₽ Burial Oxon Hill, Maryland 8-14-61 Church Cemetery-Oxon Hill ADDRESS Washington D. Cl. 240 REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR MT. Goskins. VS. A15ME Carolina S. Through John T. Rhines & Company 3015 12th St. N.E. 5M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH

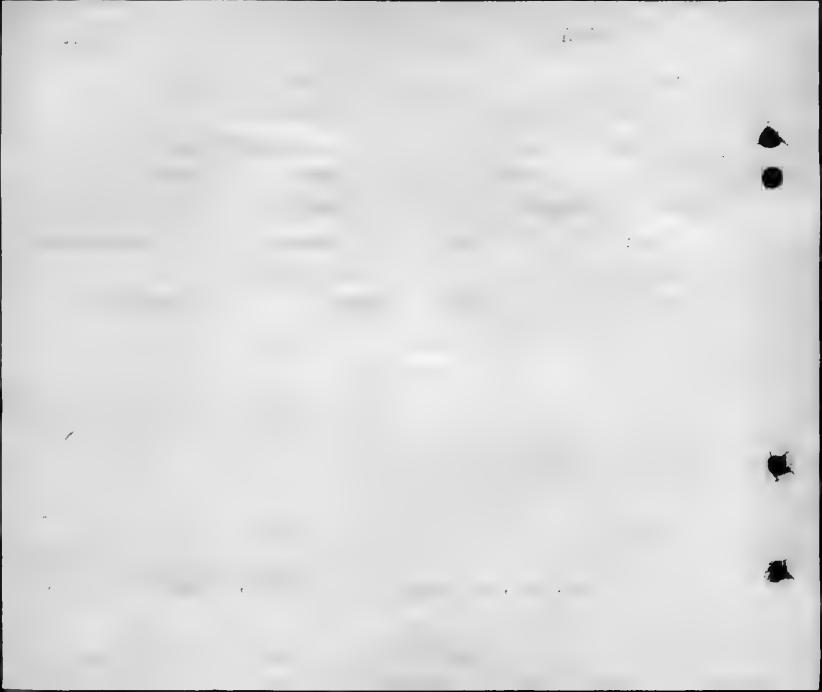


VR A15 (4) 15M 9/60

It, XL.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, if Institution, Residence before edyriss on)		
1)	PRINCE GEORGES MARYLAND	DISTRICT OF COLUMBIA		
1~	b. CITY OR TOWN (if outside corporate l'mils, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)		
н	ANDREWS AIR FORCE BASE 1 HR 55 MIN	WASHINGTON 4 7		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		
1	USAF_HOSPITAL ANDREWS	1381 SAVANNAH PLACE SE VES NO XX		
43	NAME OF First Middle	Last 4. DATE Month Day Yeer OF		
	(Type or print) JEFFREY	FRANCO DEATH AUGUST 15 19 61		
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
1	MALE CAUCASIAN WIDOWED DIVORCED 1	L5 AUGUST 1961 lest birthdey) Months Days Hours Min. 55		
	Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	11 BIRTHPLACE (County & State, or lore gn country) 12. CITIZEN OF WHAT COUNTRY		
	NONE	MARYLAND UNITED STATES		
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
JESUS FRANCO SYLVIA A J		SYLVIA A JASSO		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		NFORMANT Address		
((es, no, or unkown) (If yes give wer or detes of service) NONE FA'	THER SAME AS ITEM #2		
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c,.]	INTERVAL BETWEEN		
П	PART I, DEATH WAS CAUSED BY	Extreme immaterity 1 for 55 mil		
DUE TO)				
				П
	(a), stating the underlying DUE TO			
ceuse (est. (c)				
ő	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONTRIBUTION CO				
U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
LAD.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Stete) While Not While et work at work 19 w			
AFD				
1				
21. I certify that (!) (this hospital) attended the deceased from 15 1209				
	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. X 15 Aug 61		
	NAME (Type) JOHN A MOORE, Major USAF MC	USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD		
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 234/NAME OF CEMETERY	OR CREMATORY 23d, (Coation (City, town or county) (State)		
	/REMOVAL (Specify)	14-100 AL HELINGTON LA		
1	A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE		
1	4 1 1 1 L	2 DAAUG 17'61 Orthur & Kraue		
V	and a process of the	DAMOS 11 OT CAME		

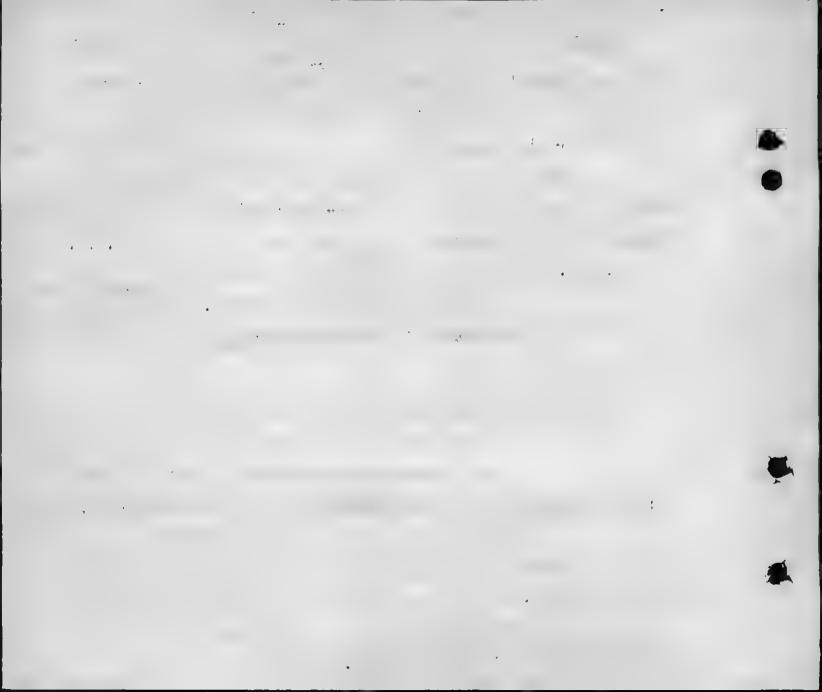


ESTON STREET, BALTIMORE 1, MARYLAND 9454 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Res dence before admission) a. COUNT a City OR TOWN (If butside corporate limits, write RURAL and give neerest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Type or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. S yrs. Months WIDOWED 1De. USUAL OCCUPATION (G'va kind of work done during most of working life, even if retired) 106, KIND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if eny, gava risa to immediate cause **DUE TO** (a), steling the underlying cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO Z 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury to Pert II of item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION (IF EITHER, NO.PIF 20d. INJURY OCCURRED / 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town (County) (State) attended the deceased from. and that death occured at from the causes and on the date stated above, saw the deceased alive on 22b. DATE ATTENDING PHYS. PHYS. 22d. ADDRESS death.
O FU!
director
be filed 23d. LOCATION (City, fown or county 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm.ssion) Prince George's director. Page any youn files. b. COUNTY Charles Maryland MARYLAND b. CITY OR TOWN (if outside corporate lim.ls, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give nearest town) write RURAL and give neerest lown) Cheverly hours Marbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hosp State TES |] ON [death j NAME OF First 4. DATE Yaar Month DECEASED OF the the (Type or print) Emma DEATH Gale 8/8/61 19 W.H 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS. may 2 wit 3 5 m and 2 w last birthday) Months Days Female Namember 15/07 WIDOWED [DIVORCED 53 yrs. This certificate should be executed within 24 hours after 10a. USLAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page s 1 and in 72 h done during most of working life, avan if retirad! Teacher Schools in pencil in Irem 18. Give Pages Office along with form PM3, Pay Maryland U.S.A. pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Emma Collier File even 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17 INFORMANT 505 Sachem Drive permit. (Yes, go, or unkown) (Hyazgivawarordetasofservice) Office along with for burial-transit permit. Mildred Gale Forest Heights, Md Crump. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fracture of the base of the skull IMMEDIATE CAUSE (a) remoyal **DUE TO** Conditions, if any, which (b) gave rise to immediate ceuse Ю Examiner's DUE TO SE (e), stefing the undarlying 占 used couse last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTORSY CERTIFICATION 2 PERFORMED? e word Medical I Page 3 should by to burial, crem NO XX 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of itam 18.) PRIMARY T of CONTRIBUTING CAUSE OF DEATH. road forwarded to the Chief DIRECTOR: Page 3 PLATO HOR HOAR and at overturned the MEDICAL 20c. TIME OF INJURY Month, Day, Yaar I the certificate, wri prior to Hour XX fectory, street, office bldg., etc.) While Not While el work l el work Route 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER should be forward. DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** DEPUT NAME (Type) Address (Streat, city, town, or county) AMOS I 2c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) REMOVAL (Spac fy) Baltimore , Maryland 240 9 Parkwood Cemetery 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE AUG 1 5 '61 La Plata . Maryland Corner & France 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY **6. COUNTY** Page b. CITY OR TOWN (If oulside corporate limits, MARYLAND Maryland Prince George's write RURAL and give nearest town! Mt. Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 34th. . Prince George's General Hospital Street DATE DECEASED (Type or print) DEATH Irene Gilbert AGE (In years | IF UNDER I YEAR) 6. COLOR OR RACE T. MARRIED NEVER MARRIED | B. DATE OF BIRTH ge 5 may b and 2 with 72 hours af last birthdey) Months i W.DOWED T DIVORCED T November 8,1901 Female 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Steta or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Charwoman Washington, D.C. 13. FATHER S NAME Richard Reynolds And Annie Davis [Yes, no, or unkown] [(If yes give war or dates of service) 2310 Ware Road No None 577-30-4065 Norman K. Gilbert Falls Church, Va. PART I DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (+) Caogestive heart failure (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) 20%. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, 20f. (City or Jown) 20c. TIME OF INJURY factory, street, office bldg., etc.) Whila Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry | Undetermined manner Natural causes -Accident Suicide Homicide [death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, 1 226. 400 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

. IS RESIDENCE ON A FARM?

YES NO TY

IF UNDER 24 HRS.

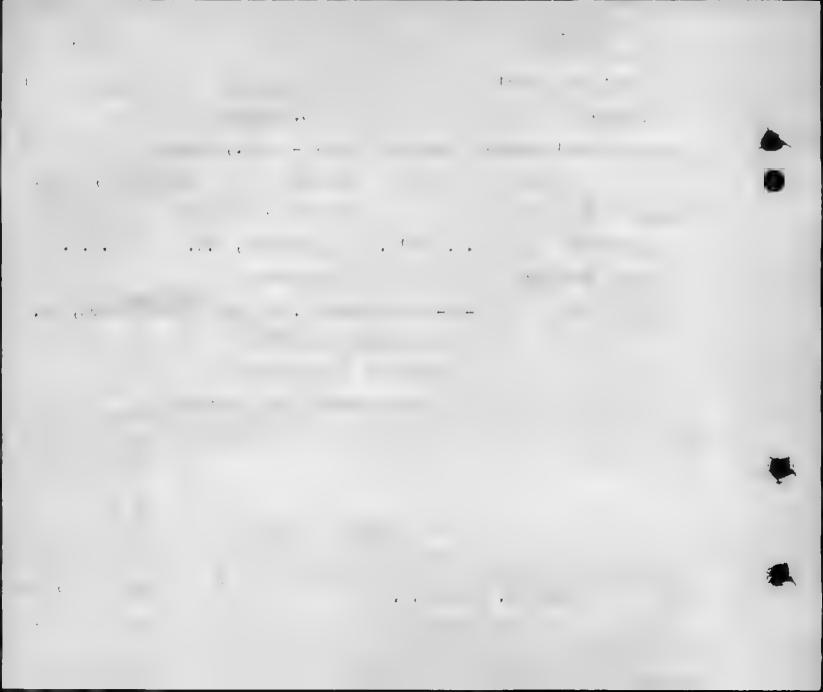
ONSET AND DEATH

PERFORMED?

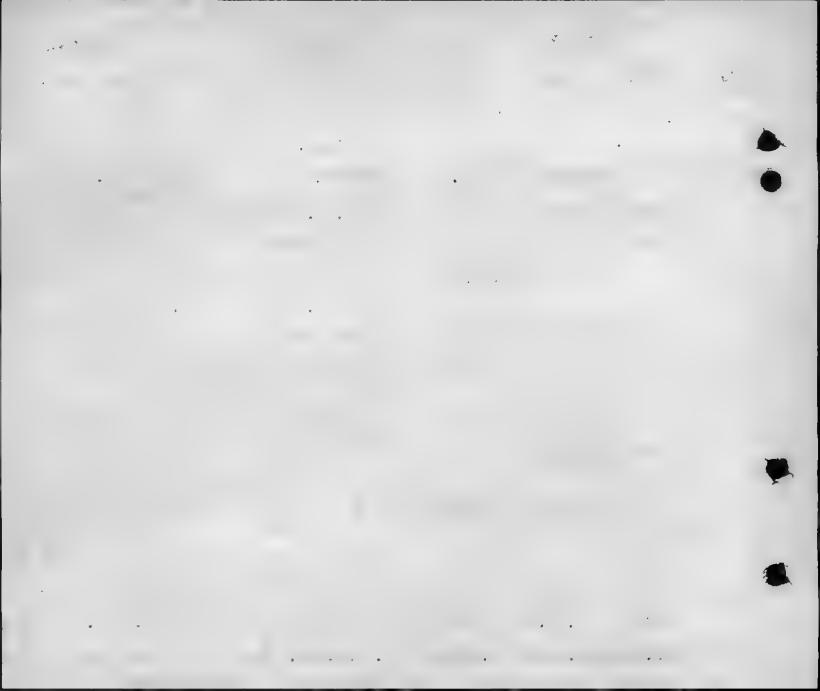
and in my opinion

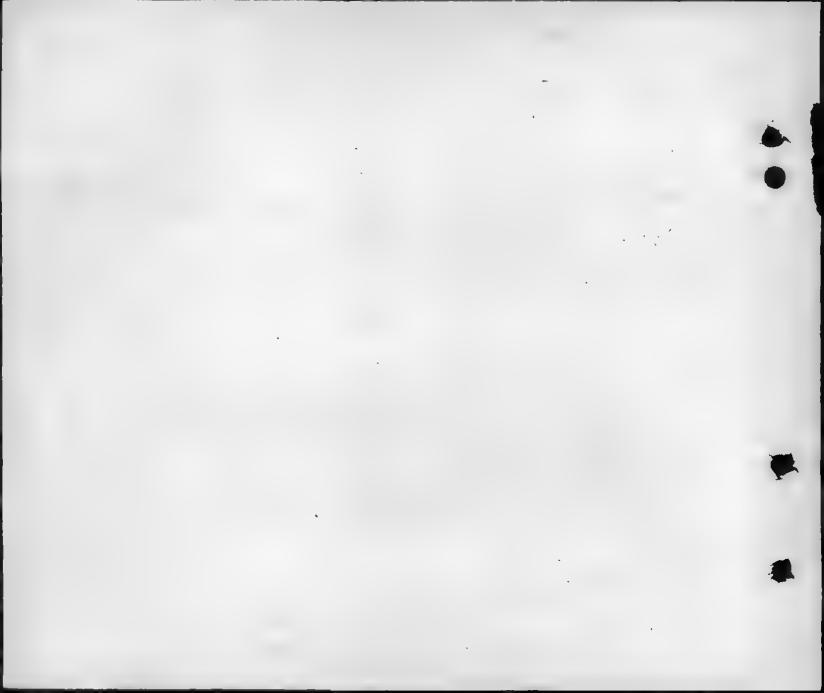
DATE SIGNED

(County)

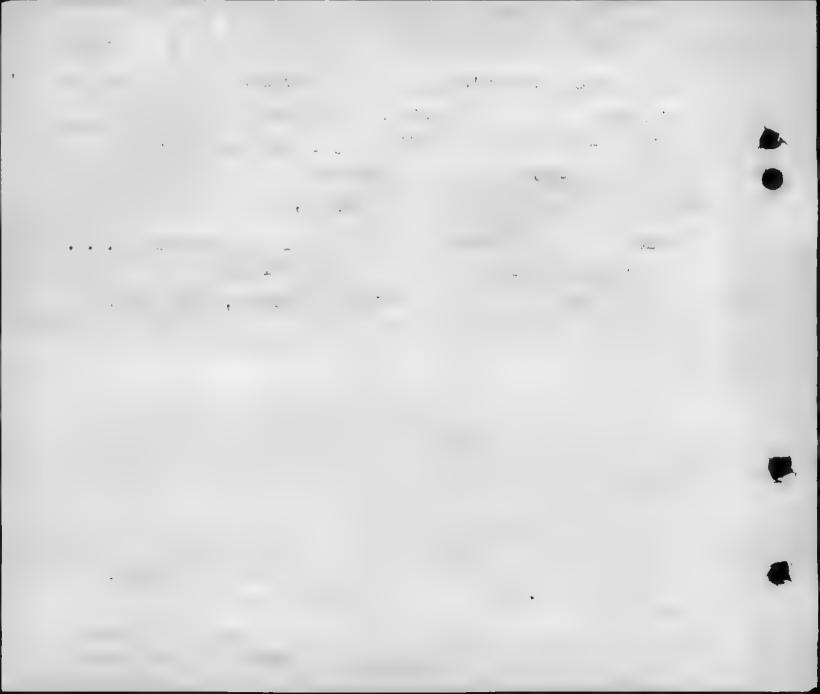


PRESTON STREET, BALTIMORE 1, MARYLAND GATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) Prince e. STATE EQUNTY George Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Temple Hills Temple Hills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5401. Joan Lane 5401. Joan Lane YES NO D 3. NAME OF First Middle 4. DATE Month RESTARDADO. (Type or print) DEATH Goodwin 26. 19 61 Margaret August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Female , WIDOWED 🔽 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & Stelle, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife England 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME Unknown McKeon Fergerson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesafservice) Edwin A.Goodwin 5401.Joan 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Onary IMMEDIATE CAUSE (e) DUE TO eriusklevotic Heart Disease geve rise to immediate cause DUE TO (e), stelling the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO ID 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item IB.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Dey, Year (County) factory, street, office bldg., etc.) While Not While Hour n.m. et work et work DIRECTOR: 21. 1 certify that (I) (this hospital) attended the deceased from 5-10-16, 19..., 10.8-26......, 19.6., that (I) (we) last 1961, and that death occurred at A.M., from the causes and on the date stated above. saw the deceased alive on. 220 SIGNATURE TIBY 0 DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S J HOSPE death. Pe TO FUNEY. be p. 23d. LOCATION (City, lown or county) 23e, BURIAL, CREMAT ON, 1 23b NAME OF CEMETERY OR CREMATORY Glade: Cemetery Somersworth. New. Hampshire Forest 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Lee.Funeral.Home 300.4th st N E. Wash, D &# My629'61 arthur & House

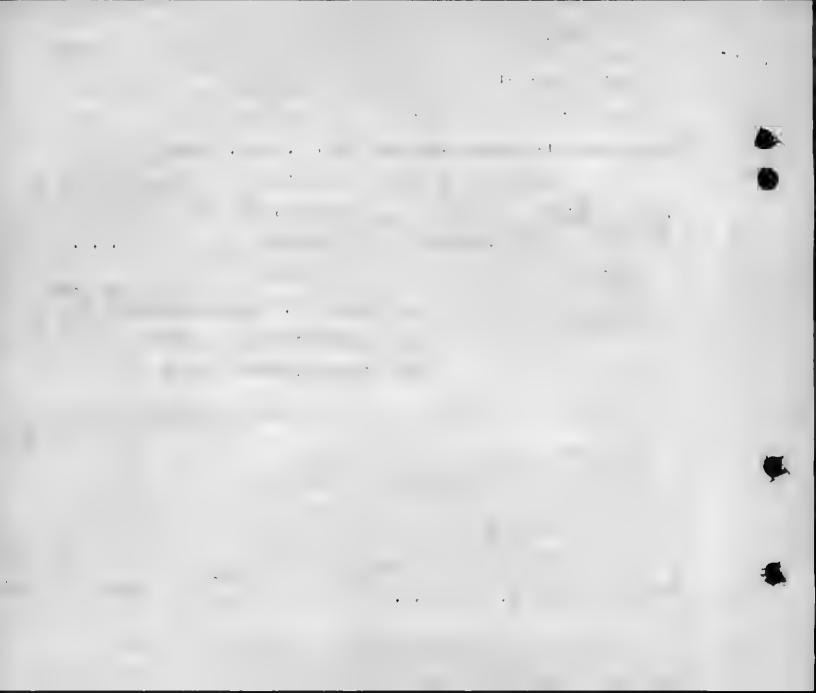




PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) a. COUNTY Page Prince George MARYLAND b. CITY OR TOWN (if outs de corporate rim ts, c. CIFY OR TOWN (if outside corporate I mits, write RURAL and give negrest town) Mfor. c. LENGTH OF STAY IN 16 write RURAL and give naarest town) Suitland Hillside ansient d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5150 Bennings Parking lot at Parkway State YES NO IX 3. NAME OF DATE Middie DECEASED 61 OF with the Lerot [Type or print] DEATH 19 6. COLOR OR RACE TO MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR ! IF UNDER 24 HRS. 2, 2, a series of 2 would be 2 hours of 2 hours last (Sanday) Months 1906 July Days Male Hours WIDOWED [DIVORCED -10a. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PW3. Retired District of Columbia U.S.A. Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Willmott Herman Greenwald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass Office along with for burial-transit permit. (Yes no, or unkown) (Ifyesquewerordalesofservice) Patricia Bowman. same 1B. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO (a), stating the underlying Examiner 98 ò cause lest. ART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? HRTERIOSCLERGTIC YES T NO F DISGASE CERTIFICA (ARDIOUNSCULAR_ 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Itam 18.) ded to the Chies. ECTOR: Page 3 should be buriel, o PRIMARY O or CONTRIBUTING O CAUSE OF DEATH. 20c. TIME OF INJURY | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month Dev Yaar (County) (State) , the sertificate, writ Not While factory, streat, office bldg., atc.) While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inquiry and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Boyd ames I. NAME (Type) Address (Street, city, town, or county) 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. RURIAL, CREMATION 22d. LOCATION (City, lown, or country, (State) REMOVAL (Specify) P40 24a. REC'D BY REGISTRAR I 245. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE SEP



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9460MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY a. STATE Prince George's MARYLAND New York Kings b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporeta l'mits, write RURA), end give nearest town write RURAL and give neerest lown) Dead on Cheverly Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS ON A FARM? 1677 E. 52nd. George's General Hospital YES NO 1 refaine le State 4. DATE DECEASED (Type or print) DEATH Griffin August A Give Pages 1, 2, may form PM3. Page 5 may and 2 with ages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS 80 yrs. Months Hours WIDOWED A DIVORCED [March 8,1881 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Painter Ireland U.S.A. Foreman 23. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Iinknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 16 M Ridge Read (Yes, no, or unkown) | (Ifyes give were rdates of service) Russell F. Griffin Greenbelt. Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. Acute congestive heart failube IMMEDIATE CAUSE (a) Office Durial-f DUE TO Cardiovascular renal disease gave rise to immediate cause m **DUE TO** (a), stating the undarlying Examiner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1811 19, WAS AUTOPSY CERTIFICATION PERFORMED? Word <u>8</u> hief Medical Ise 3 should be burial, crema NO X 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Entar natura of injury in Part I or Pert II of item 18.] 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) Month, Day, Year (County) (State) to the Ch OR: Page Not While fectory, street, office bldg., atc.) While Hour a.m. prior at work at work the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry X and in my opinion forwarded I CH death resulted from: Natural causes Suicide Accident ! Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL PUNERAL DATE SIGNED SIGNATURE EXAMINER'S August 21, 1961 DEPU NAME (Type) JAMES Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or cou REMOVAL (Specify) 40 6 Cam 24a. REC'D BY REGISTRAR AUG 23 VS. AISME SM 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before edm.ssion) a. COUNTY MARYLAND c. CITY OF TOWN (1 pg/s de corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 write RURAL and give neerest town a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES THO S 300 3. NAME OF Middle DECEASED (Type or print) AGE (In year) IF UNDER 24 HRS. IF UNDER 1 YEAR MARRIED NEVER MARRIED Days Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (GIVE KIND OF WORK 10b. KIND OF BUSINESS OR INDUSTR physici 13. FATHER'S NAME please attending t (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO -20e, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I of Pert I of I tem 18.] OR CONTRIBUTING | CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, ... 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work ATTENDING 22b. DATE 22e, SIGNATURE SIGNED MED. STAFF DIRECTOR PHYS. 22d. ADDRES 22c. PHYSICIAN'S BUR AL CREMATION 23c. NAME OF CEMETERY OO 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAT 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 arthur S. Thank

MARYLAND STATE DEPARTMENT



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MUARE

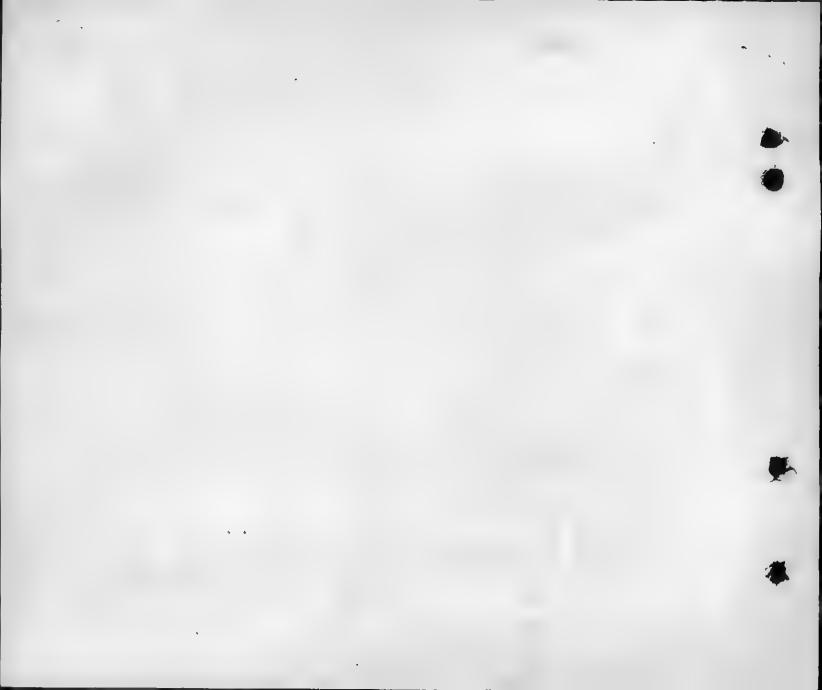
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1	PLACE OF DEATH			2. USUAL RESIDENCE (WH		tion: Residence before admission)
	a. COUNTY Prin	ice George's	MARYLAND	a. STATE Kent	acky b. county	Kentucky C
	b. CITY OR TOWN (IF	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest tawn)
	Cheverly		2 days	Shelby	ville	SSX
Г	d. NAME OF HOSPITA	AL (If not in haspital, give stree		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	T 1 0	rge's General		520 Magno	lia Avenue	YES NO
3.	NAME OF DECEASED	First	H Millina	Lost	4. DATE Mo	inth Day Year
	(Type or print)	Agnes		Guthrie		ust 5 19 6
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
	Female	White WIDON	WED DIVORCED	12 July 188	7 7 7 yrs	
10	. USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
	coming mass difmoto	163 20 65 Mein IT I Shirect		Kentucy		USA
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	John H	annah		Betty G	ay	
15	. WAS DECEASED EVER	IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	NEORMANT James	Ave Shelbyv	dress
1	(es King, nukuowu)	If yes, give wor or dates of service)	None	Z TREGUOTER	Ave Sherby	TILE Ny
	18. CAUSE OF DEA	TH [Enter only one couse per	line far (a), (b), and (c).]	- 4	. //	INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY	y li stancio	n. Earales	genie tys	ONSET AND DEATH
	41	DUE TO			0	
	Conditions, if or	iv. which)	TOUTE M	YOU'ARDIAL	INFARET	VAN Z DAVS
	gave rise to in			11		1.
	tying couse last.	(c)	THEROSCLFI	20TIC HE	ART DISFI	9SE UNKNOW
Z	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE CONDITION G	IVEN IN PART I(a) 19 WAS AUTOPS
CERTIFICATION		ONE				YES NO
TIE	20g. ACCIDENT WA	S UNDERLYING 1 206 DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port 1 or Part II of item 18.)	
		MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJUR		for the state of t	ACE OF INJURY (Home, form		(County) (State
98	Haur o.m.	19 at w	le Nat while ark of work	clory, sireer, dirice blog , eld		
^		t (I) (this bosnital) atte	nded the deceased from.	8/3 10	Cel. 10 8/3	19 4 that (1) (we) la
	saw the deceas	11/15				and an the date stated above
	22o. SIGNATURE	ed diive dii2	C C	negili dicorred di res	Wild programme cooses of	22b, DATE
	7	James W	(, (, ,		ED. STAFF	C/S/G
	22c. PHYSICIAN'S	1		22d. ADDRESS		5
	NAME (Type)	J. DAMES	DUKE, MD.	6607 KIV	ERDALE KD	KIVERDALE, MY
2	3a BURIAL CREMATO	N. 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, tawn,	, or county) (State)
4	REMOVAL (Specify)	rial -8/8/61	Grove Hil	1 Cemeterv		le Kentneky
-	. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS SIL			GISTRAR'S SIGNATURE
	PT	sc Ave Bethe	esda Md	DATE A		Tribur S. Kraus
			1 M	A C PA A A A		- APPL A T T T T T T T T T T T T T T T T T T

te funeral director; rrs. should be filed with after death. Page 4 AN: The law requires that the death certificate be executed within 24 haurs.

TO HOSPITAL OR ATTENDING PHY (1991). The law requires that the death certificate be executed within 24 may be ret. by the haspital or (1992) with physician.

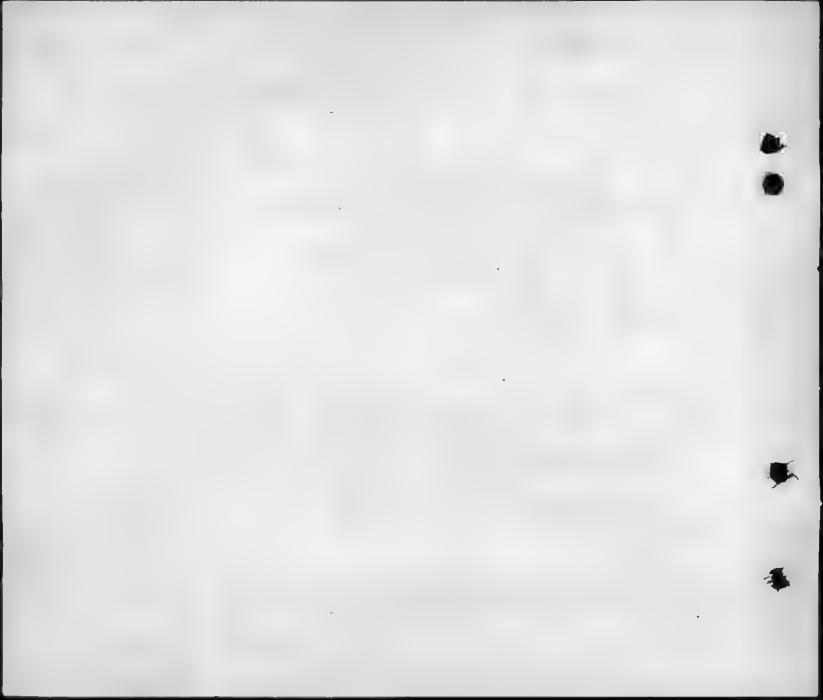
TO FUNERAL DARCTOR: After this central tensor been signed by the attending physician and campletery page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M II/59



CERTIFICATE OF DEATH Reg. Dist. No. 1345 director PLACE QE DEATH 2 USUAL RESIDENCE (Where deceased lived If institution? Residence before ged mission) a. COMMITY 6 COUNTY filed MARYLAND CITY OR TOWN (If outside carporate lifets, write funeral c. LENGTH OF STAY IN 16 OR TOWN (If putside carposate limits, write RURAL and give nearest toys) å RURAL and give nearest town) Should d STATE ADDRESS NAME OF HOSPITAL not in haspital, give street address! . IS RESIDENCE OR INSTITUTION ON A FARM? 0 YES NO NAME OF 4. DATE First Middle Month Inst Yeor DECEASED OF DEATH (Type or print) 196 9. AGE (In years lost birthday) SEX COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HR MARRIED NEVER MARRIED Months Days Hours WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHULACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 O Address 500 8- 36 84 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO requires that Conditions, if any, which paudis gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20ø ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Month. 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while at wark at wark 21. I certify that I oftended the deceased from. .____, 19___,that I last saw the deceased , and that death occurred at 3 22 AM, from the couses and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE NAME (Type) BURIAL CREMATION. (State) page 0 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cilling S. Kraus DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

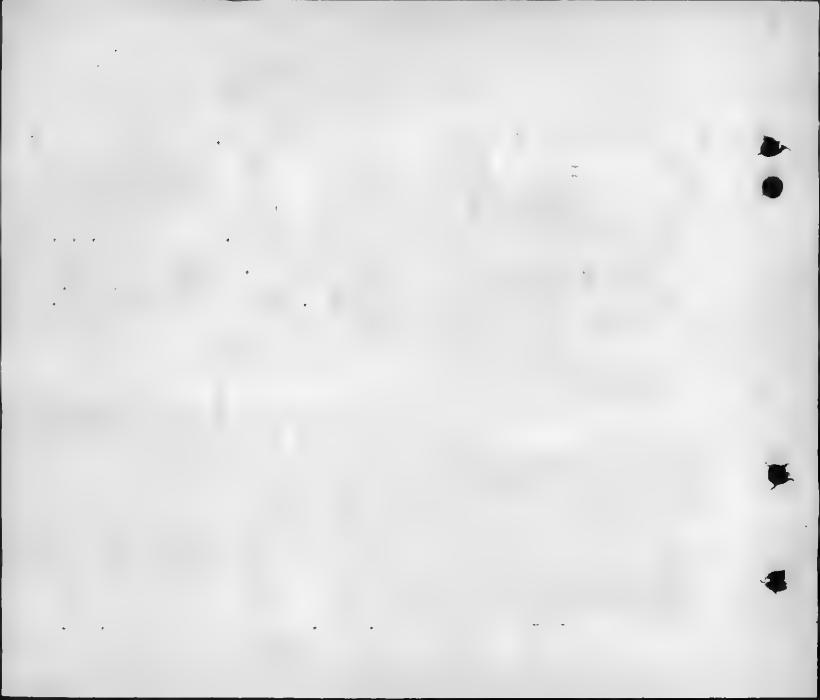


YLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9464 2. USUAL RESIDENCE (Where deceased lived, If Institutions Res . PLACE OF DEATH a COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c. CIY OR TOWN (If outside corporete limits, write RURAL and give neares) town) write RURAL and give neerest fown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddre d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) 25 196/ 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest buth dew Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) MOTHER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one cause per I ne for fa), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) gave rise to immediate cause **DUE TO** (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While _ Not While Hour a.m. at work | et work 21. I certify that (I) (this hospital) attended the deceased from ..., that (I) (we) last saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING S GNED MED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE director, be filed 23a, BURIAL, CREMATION, 236/1DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) Stefe i 0 ADDRES 25b. REG STRAR'S SIGNATURE VR A15 (4) Circher & Traces 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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0.100	CEKTIFICA	IE OF DEATH	4 - 1-		3458			
1. PLACE OF DEATH • COUNTY Decision of County 1	MARYLAND	2. USUAL RESIDENCE (Wh		OUNTY		sion)		
Prince George S b CITY OR TOWN (If outside corporate limits, write c LI RURAL and give nearest tawn)	ENGTH OF STAY IN 16	Maryland c. city or town (if o	outside corporate limits,	Prince Geo		n)		
Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddre	ne « ì	Dupont He	ights 🟒	· †	a 15 96	SIDENCE		
ORINSTITUTION Prince George's General	••)		nt Avenue		ON	FARM?		
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Yeor		
(Type or print) Maria		Hays	DEATH	August	29	1961		
S SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	. 1 1 1	Doys Hours	T		
Female Negro WIDOWED			7 64	yes.				
10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	OF BUSINESS OR INDU	Crange Co.	1	12. CITI	ZEN OF WHAT	COUNTRY?		
Unemployed 13. FATTER'S NAME		14. MOTHER'S MAIDEN N		1				
Orubin Cooper		Elimale	ith Co	oper				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)	AL SECURITY NO. 17. II	Helan Hou	10. 133	4 CTUISA	0.8+1	VE		
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).)	7754		1 01100	INTERVAL B	ETWEEN		
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-como	mucho sis			ONSET AND	DEATH		
DUE TO	1 1		0	^				
Conditions, if any, which) (b)	toleno	carc.	1. the C	color				
gove rise to immediate couse (a), stating the under-								
lying couse lost. (c)								
PART 11 OTHER SIGNIFICANT CONDITIONS CONTI								
	HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part Lar Part II of item	18)		<u> </u>		
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY	La La	ACE OF INJURY (Home, form		(C	.aunty)	(State)		
	Not while of work	inerty, arrest, errice bridgi, erc.	1					
21 I certify that (I) (this haspital) attended t	he deceased fram.	August 29 19	61 jo Augu	st_29_, 19_6	1 , that (I)	(we) last		
saw the deceased alive an august 29	19_61, and that	death accurred at 11	Mr. from the cou	ses and an the				
22a. SIGNATURE - James a	lule	M.D. ATTENDING MI	ED STAFF RECTOR PHYS	2	8/28/	SIGNED		
22c PHYSICIAN'S NAME (Type) C. JAMES DU	SKE MD.	22d. ADDRESS 6607 R	VERDALE	RD., RIV	ERDAL	e, 1/2		
23g/BURIAL, CREMATION, 23b DATE THEREOF 23c	NAME OF CEMETERY OF	11 Ochla	23d. LOCATION IC	lown, propounty)	Rd (Sto	7)		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25	SE REGISTRAR'S SIC				
Dail Bros. 621	I Ha. a.	ul nill DATE \$	EP 5 '61	Carthur S.	Heates.			



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

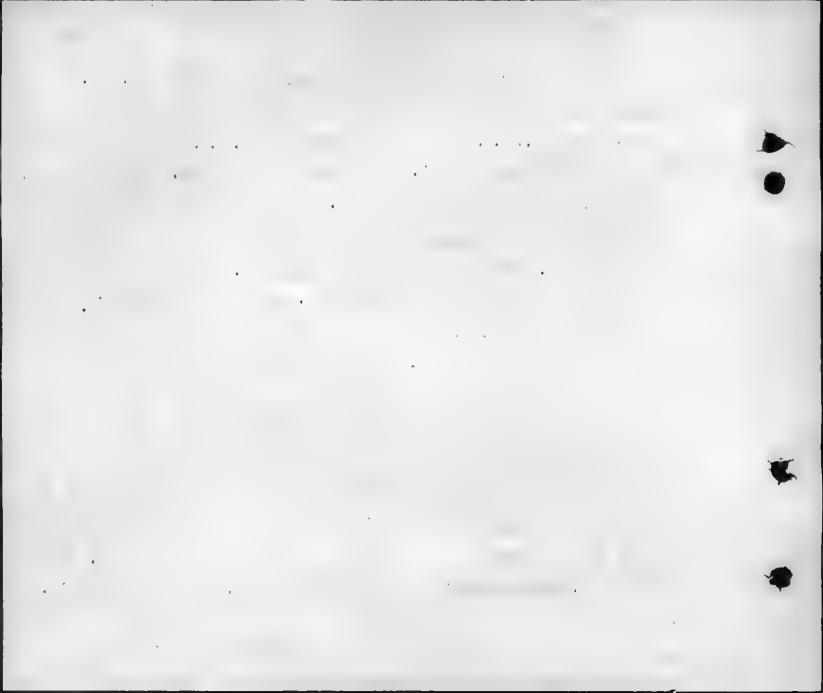
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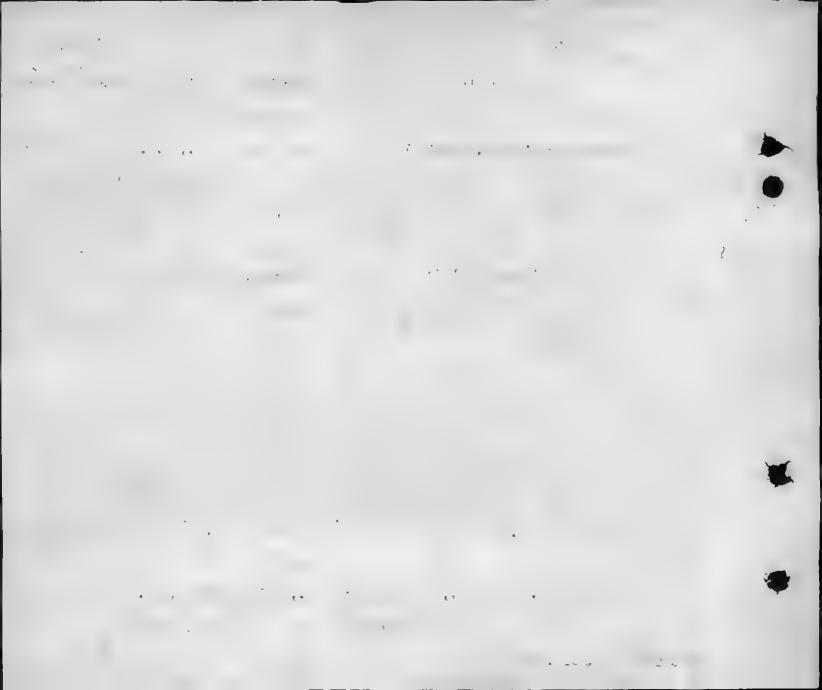
CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince George Marvland Pr. Geo. b. CITY OR TOWN (If outside corporate rimits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hillside Temple Hills d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5424-Fisher Rd., S.E. 1200 59th Ave. S.E YES NO 1 DATE NAME OF Estat Middle Month Yeor DECEASED B. MYRTIE HIGH DEATH 20 6] (Type or print) Aug. 19 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) 80 yrs Months Days Feb. 27, 1881 Femala White DIVORCED WIDOWED | 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Virginia USA Domestic Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward R. Anderson Lizzie J. Spicer 5424-Fisher Rd. SE WAS DECEASED EVER IN J. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Catherine E. Rosser Tample Hills. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: -ORUNCITY - x. M. Miller IMMEDIATE CAUSE (6) DUE TO Arterio Selevotia Cardio Vascular retease Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause ast PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day, Year 20d, INJURY OCCURRED (County) factory, street, affice bldg., etc.) MEDI Hour a.m. While Not while at wark at work 8-20 21 I certify that (1) (this haspital) attended the deceased from 2 /2 . 196/. ta . 196/, that (I) (we) last , 1964, and that death accurred at \$2 AM, from the causes and an the date stated above. saw the deceased alive an -22o. SIGNATURE 1961 ATTENDING STAFF MED DIRECTOR PHYS Tierre M D 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Dr. Etienne Szollosi #2 Parkway Dr., SE Forest Hghts, Md. 23b. DATE THEREOF 23a BURIAL CREMATION. 23d LOCATION (City, town or county (Stote) REMOVAL (Specyly) 25h REGISTRAR S SIGNATURE arthur & Kings

director, filed 1 funerol þ PIS popers. puo Роп 22 .⊆ physicion Ö offending physicia J by the FUNERAL

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VR A15 (4) 15M 9/59





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 9470 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY g. STATE filed 1 b. COUNTY Prince Georges MARYLAND Prince Georges deoth uneral b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest lawn) v days Seat Pleasent Cheverly e. IS RESIDENCE ON A FARM? # d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION YES NO 69th Prince Georges General Hospital 1109 Ave. 2 4. DATE NAME OF Middle Month Lost Day Yeor DECEASED DEATH (Type or print) Hattie 19 deoth Holland August IF UNDER TYEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED T NEVER MARRIED T ofter o (ost birthday) Months Days Hours WIDOWED | DIVORCED [7] YES Female Black August 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pape 72 haurs during most of working life, even if retired) U.S.A Marvland and Cook carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician within Priscella Riggs Mason Emerson remove 17, INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. Address Ñő -18-88430Priscilla Emerson Md. 0wings allending please any INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for to) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN IMMEDIATE CAUSE (a) the DUE TO dval, Conditions, if ony, which (b) permi gned gove rise to immediate DUE TO couse (b), stoting the underlying couse lost. buria-transît PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? cremation YES ZI_NO 듄 hos CERTIFIC 100 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, SO 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) 20c TIME OF INJURY Doy, Year (County) Month foctory, street, office bldg., etc.) use Hour o.m. While Not while D of work lat work D. III . 194 , that (1) (we) lost 21 I certify that (I) (this hospital) attended the deceased from... and that death occurred at 4.1 Ar from the couses and on the date stated above sow the deceased alive on by the l 22o SIGNATURE SIGNED ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S TO FUNERAL D. poge 3 should NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 230 (BURIAL) CREMATION 23b DATE THEREOF (Stote) page the Sta REMOVAL (Specify) 8-22-6 Mt. Hope Sunderland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE Prince Frederick AUG 2 4 '61 Orthur & Kins 1SM 9759

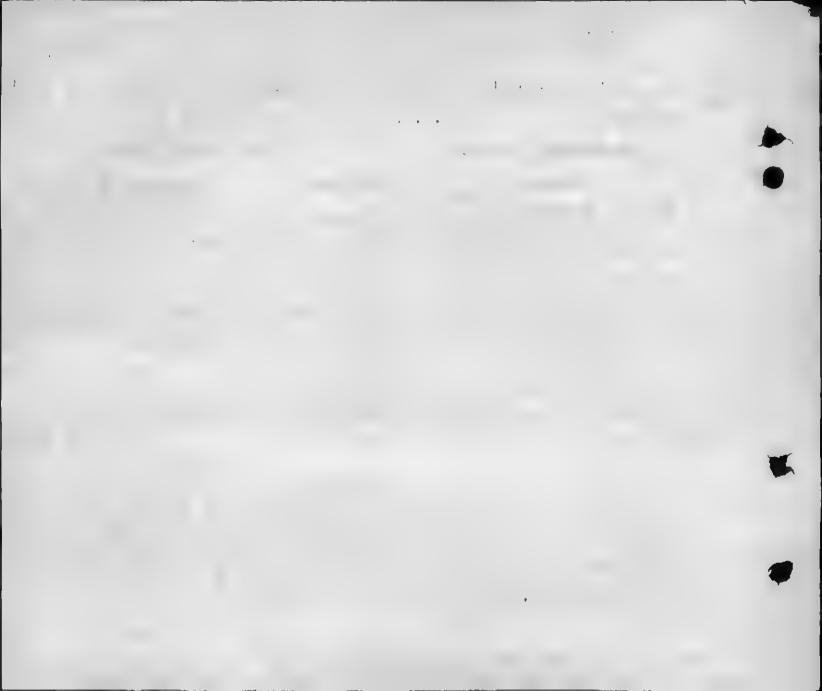


TATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) e. COUNTY ealth, a. STATE b. COUNTY MARYLAND Maryland Prince Groce. CITY OR TOWN (If outside corporate I'm is, write RURAL and give nearest town) Prince Grorge b. CITY OR TOWN It outside corporate limits C. LENGTH OF STAY IN 16 write RURAL and give negrest town) Riverdale D. O. A. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Sligo Parkway | YES | NO] Leland Memorial efained s State Hospital 4. DATE Day Month DECEASED (Type or print) DEATH Honkonen B. DATE OF BIRTH 9. AGE (IN YOUR T YEAR) IF UNDER 24 HOL 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 2 with last birthday) Devs Hours & Min. WIDOWED DIVORCED Female PM3. Page 5 pages 1 ad within 72 to I 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I done during most of work no life, even if retired) ve Pages 1 PM3, Pag SEC RE MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURTY NO. 17 INFORMANT (Yes, no, or unkown) , (Ifyesgivewerordetesofservice) NKONEN HYATTSVILLE 10-8615 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Office along w burial-transit pa moval, and in a ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geva rise to immediata causa ro. DUE TO (a), stating the underlying causa last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Medical Should be ONTUSIONS Body NO F 01 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUMED. Anter neture of injury in Pert I or Pert II of Item 18.1 PRIMARY | or CONTRIBUTING | the Chief Me R: Page 3 sho ior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While el work et work ä 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 🔭 Inspection 🛚 🛣 Inquiry and in my opinion $\overline{\circ}$ Undetermined manner death resulted from. Natural causes Accident Surcide Homicide should be forwarded FUNERAL DIREC It its designated agent CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE A EXAMINDA'S DEPUT James I. NAME (Tree) Boyd Address (Streat, city, town, or county). 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 40 9 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

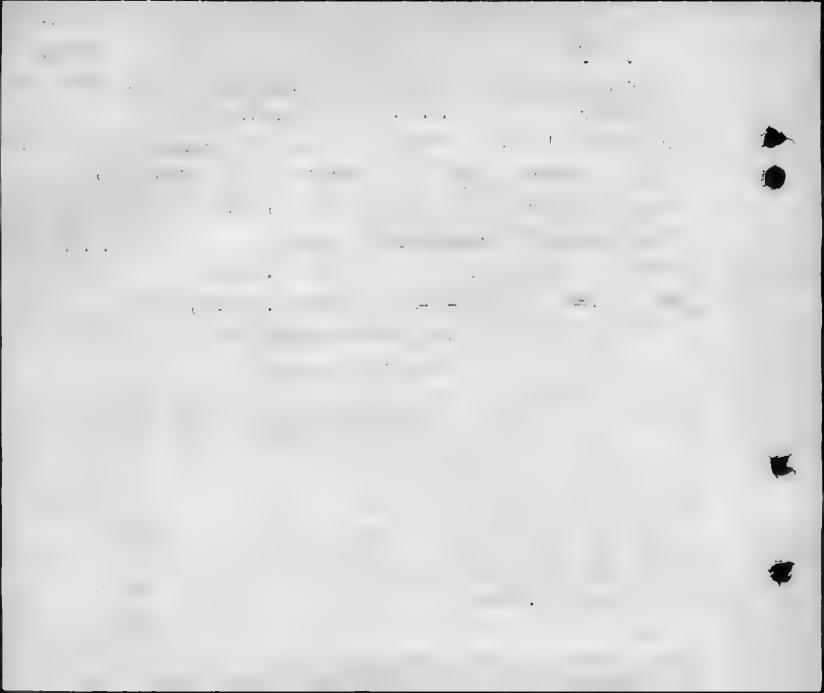
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VS. A15ME 5M 9/60



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE MEDICAL EXAMINER'S 1. PLACE OF PEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution: Residence before ed mission) e. COUNTY Page les. ealth, a. STATE b. COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CLT OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) D.O.A Cheverly Kent Village d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? Prince George's General Hospital 74th YES NO 3. NAME OF 4. DATE Middle DECEASED 61 Edward Lea Hurley (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yours | IF JNDER 1 YEAR) IF UNDER 24 HRS. 2 wit la 65 hdey) 18,1898 Months Hours W hite WIDOWED April Male DIVORCED [ge 5 and 7 72 ho 10b. KIND OF BUSINESS OR INDUSTRY IF BIRTHPLACE (State or foreign country) 10a, JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? civil Engineer Construction Maryland U.S.A pages Give Page orm PM3. F 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Edward Hurley Lilly A. Haynie File WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. Kathryn A. Hurley, same #2 18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), end (c),] INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (a) Office burial-t DUE TO Myocardial infarction Conditions, if any, which peve rise to immediate cause 177 DUE TO (e), stating the underlying used PART II, OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Medical TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I, of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief / 20c TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) Page factory, street, office bldg., etc.) While _Not While et work at work 21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion lease execute the certification is should be forwarded FUNERAL MIRECT Natural causes T Homicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) James I 2c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION I 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) Baltimore, Maryland 0 4 □ p Baltimore National Cem. 8/4/61 Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME . . Howard H. Hubbard 4107 Wilkens Avenue #29 Testing S. Henrich



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9473

CERTIFICATE OF DEATH

03465

					Reg. DIST. NO.		
1. PLACE OF DEATH 6. COUNTY PT	ince George	S 1 MARYLAND	2. USUAL RESIDENCE (WA		on Residence before odmission) Pr. Geolg		
RURAL and give n	(If outside carporate timits, wri learest town) [arlboro	c. LENGTH OF STAY IN 16	II No and	outside corporate limits, write R Marlboro	URAL and give nearest tawn)		
d. NAME OF HOSPI OR INSTITUTION RECTORY	TAL (If not in haspital, give ste "Lane	eet address)	d. STREET ADDRESS Recto	ry Lene	B. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First Evel	yn B.	Jackson	4. DATE Mon OF DEATH AU	gust 14, 1961		
s. sex Female	White wo		8. DATE OF BIRTH Aug. 3, 187		IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.		
HOUSEWI	ON (Give kind of work done I rkpig life, even if retired)	06 KIND OF BUSINESS OR INDU Own Home	stry 11 Birthplace (51010 Marylan		U. S. M.		
Joseph	Alvin Ridge	way	14. MOTHER'S MAIDEN N Fannie				
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		nformant s. Evelyn B	aden-Upper l	Marlboro, Md.		
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c).	arteneral	eyoses	INTERVAL BETWEEN ONSET AND DEATH 3 4 CAPA		
gave rise la couse (a), stating lying cause last.	the under-	- and the second	- 12124 DA CC	wores	vera		
2		e e			TEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO		
	AS UNDERLYING 20b. (G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in F	Part I ar Part It of ilem 18.)			
Zoc. TIME OF INJUI Hour o. m. p. m.	wi Wi	H INJURY OCCURRED 20e. PL nile Not while for work 01 work	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	, 20f (City ar town)	(Caunty) (Slote)		
21. I certify that I attended the deceased from 6-8, 19.6/, to 8-14, 196/, that I last saw alive an 8-14, 196/, and that death accurred at 11:55%, from the causes and an the date ADDRESS (Street, city or town, state)							
ACTUAL SIGNATURE PITTELLANT NAME (Type)	R. B. Sassce	24 D.	M.D. Upper M	farlboro, Md.	. 8/14/61		
270. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	ì	22d. LOCATION (City, town, o			
Burial 23 FUNERAL DIRECTOR	8/16/61	Mt. Carmel		Upper Marl	boro, Md.		
Ritchie H	Bros.Fun'l H	ome-Upr Marl		C D a C1 -	Thur 9 22 4		

VS A15 (4) 15M 10/57



1	MARYLAND STATE D	PEPARTMENT OF HEALTH
rop etate	Division of STATISTICAL RESEARCH AND RECORDS 9474 MEDICAL EXAMINER'S	CEPTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH Item 22 Film 0293 8	18/61 mh 2. USUAL RESIDENCE (Where deceased lived, if natitualization Residence before ed n'asion)
>용 팩	COUNTY	e, STATEb, CDUNTY
E Search	b. CITY OR TOWN (if outside corporate limits,	Distract of Columbia c. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)
actor our of	write RURAL and give neerest town) Cheverly 12 hrs	Washington 47X-3
Sor of A	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
dry dry teed the	Prince George's General	1217 Division Ave N.E. YES NO IN
function of the state of the st	3 NAME OF First Middle DECEASED (Type or print) Johnaie Odell Ja	Ackson DEATH Aug. 12 10 61
the the		DATE OF RIRTH 19 AGE (IO YARKS IF UNDER 1 YEAR IF UNDER 24 HRS.
deal nay with	Male Colored Divorced	May 15,1923 1 38 thdey Months Days Hours Min.
To San	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)
L'S Bage	Laborer Brick yard	Virginia: USA
M3.	13. FATHER S NAME	14 MOTHER'S MAIDEN NAME
Give Give ile P	Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Mattie Jordon (Jordon)
with 18. 4 for ini. F	(Yes, no, or unkown) (Ifyesgivewerordetesatservice)	
ted with pern any	16. CAUSE OF DEATH [Enter only one cause per I se for (e), (b), and (c)	attie Jordon, same as # 2
ong ong in lin lin lin lin lin lin lin lin lin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIUE INTE	CACERS DAA HELMOON AGS ONSET AND DEATH
be dencise allers	SR X DUE TO) I follows the control
ould in p Offic burit nova	Conditions, if any, which (b) ENEDIA ANTE	Lioschnosis GEAL
ing" er's er's er's	geve rise to immediate couse (a), stetling the underlying DUE TO	
ifical pend amin sed	Cause lest. (c) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1,0) 19. WAS AUTOPSY
rd "	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO F-
This wo	206, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURED. [8	inter neture of injury in Pert I or Part II of Item 18.)
g the f Me sho rial,	PRIMARY : or CONTRIBUTING CAUSE OF DEATH.	
MIN ritin Chie Ge 3	20c. TME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m., While Not While fect at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
XXAU e, w lihe to or to		
ificat ficat	21. I certify that I took charge of the remains described above, he	
Cert Cert Cert CEC Gend	death resulted from: Natural causes Accident	ide Homicide Number Homicide Homicid
he orwa	ACTUAL ON 19 Day	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SAI SAI gna	SIGNATURE EXAMINER'S	DEPUTY MEDICAL EXAMINER 3 8/12/61
SE exe	NAME (Type) James I. Boyd	Address (Street, city town, or county)
日恩公田市	122. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOGATION (City, town, or country) (State)
5 g 4 5 g	Burial 18-1/-6/ Warmoug!	mem tang Auguland Tank, VM.
VS. ATSME	Hunny Mashmater + Jen 4925 blegen	all NE DATE and 16 61 arthur & Krane
5M 9/60		The state of the s



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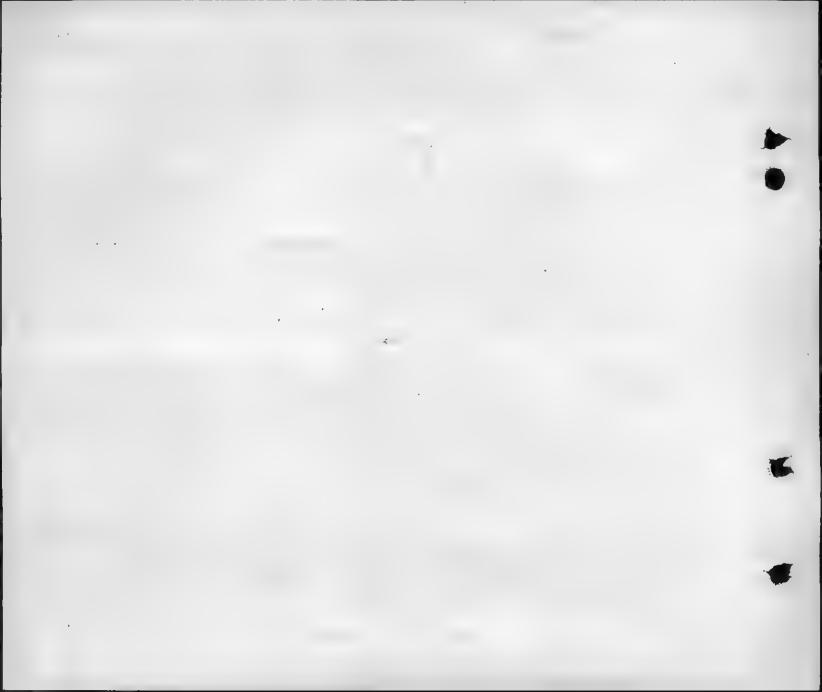
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CE	RTI	FIC	ATE	OF D	EATH

9475

09467

o COUNTY D. STATE b. COUNTY	
PRINCE GEORGE MARYLAND PRI	NOT GEORGE
b CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate timits, write RURAL one RURAL and give nearest town)	d give nearest town)
CHEVERLY	
d. NAME OF HOSP TAL (1f not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
PRINCE GENERAL Hospital 6930 EMERSON Street	YES NO R
3. NAME OF First Middle Last 4. DATE Manth OF	Day Year
(Type or print) NARREN S JACKSON DEATH AUGUST	24 1961
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UND) Inst. birthday) Months	ER TYEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED 3/17/94 69 yrs	Days Hours Min.
100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12.C. during most of working life, even if retired)	ITIZEN OF WHAT COUNTRY?
	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Joseph Jackson Nora Shannon	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [You, no or unknown] yes, give wer or dayles of service)	
no Marie E. Jackson Same as #2	
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I, DEATH WAS CAUSED BY: THE PART I D	ONSE! AND BEATH
DUE TO	
(Canditions, I'ony, which) the (Carceno ma left lines)	
gave rise to immediate DUE TO	
lying cause last.	
	ART I(a) 19 WAS AUTOPSY
PAMT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	PERFORMED? YES NO
IL 20- ACCIDENT WAS UNDERSTOOD TO 200 DESCRIPE HOW INSTRUDY OCCUPAND (Factor of relience Death of Stem 18.)	120 100
OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF DEATH OF THE CONTRIBUTION OF THE	
To the OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City at town)	(County) (State)
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a m. While Not while of work at work 19 of work 19 of work 19	
21 I certify that (I) (this hospital) attended the deceased fram	that (I) (we) last
sow the deceased alive on	
22a. SIGNATURE	22b DATE
M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS 77 7 2 2 Rum	apolis Roan
NAME (Type) HEI K. LLE, U.D. dankam, W	Varyland
23a BUR AL, CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, Iown, or country	y) (State)
Burial Specify 8/28/61 Cedar Hill Suitland	Md.
24 FUNERAL DIRECTOR'S SIGNATURE Hyantessville, Maryland 250 REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
The his fremend Home DATE BUG 2 8'61	0 4



	MARYL	AND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	TATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON STREET, BA	
	9476	CERTIFICATE OF DEATH	0946
PLACE OF DEATH		2. USUAL RESIDENCE (Where decea	ised lived, if institutions Ras dance before as

4	a. COUNTY		a. STATE		b. COUNTY	is dance before adjustion,
	Prince Georges _	MARYLAND	D.	. Co		
н	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16		(If outside corporate lin	nits, write RURAL and	give naarest town)
н	Glenn Dale (rural)	l yr:, 8 mos	5 Wa	shington		L 1 1 X -
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pilat, give sireel address)	d. STREET ADDRESS			a. IS RESIDENCE
4			7.7	00 042 04	37 77	ON A FARM?
ŀ.	Glenn Dale Hospital	14.3.11		.00 8th St.		YES NO F
1	DECEASED	Middle	Lest	4. DATE OF	Month	Day Year
н	(Type or print) Marguerite	E. J	ohnson	DEATH	8	6 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED TO B.	DATE OF BIRTH	9. AGE	.4	
Н	Female Negro widows		1/1/25	lest b	yes. Months D	ays Hours Min.
H		IND OF BUSINESS OR INDUSTRY	. 11 B RTHPLACE (Co.	inty & State, or foreign		EN OF WHAT COUNTRY?
	dona during most of working life, even if relired)	THE ST DOSITION OF THE OPEN		ing a diena, or rollergin		
	_Domestic =		Va.		l U	SA
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	N NAME		
1	Castell Johnson		Maud	e Glenn		
J.	5. WAS DECEASED EVER IN J.S. ARMED FORCES? 16	SOC AL SECURITY NO. 17. IN	FORMANT	-	Address	_
	(Yas, no, or unkown) (Ifyesgive war or datas of service)	Unknown D	ecedent			
	18. CAUSE OF DEATH [Enter only one cause per		ecedeno			I INTERVAL BETWEEN
	DADT I DEATH WAS CAUSED BY.					ONSET AND DEATH
j.	IMMEDIATE CAUSE (a) F3	r advanced pulm	onary tuber	culosis		4 yrs., 4 mo.
	DUE TO					
	Conditions, if any, which (b)					
	gave rise to immediate cause					
1	(a), stating the underlying cause last.					
١,		TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	I(a) L 19. WAS AUTOPSY
1	PART I. OTHER SIGNIFICANT CONDITIONS CON					PERFORMED?
						YES NO
	20a ACCIDENT WAS JNDERLYING 1 20b. DES	CRIBE HOW INJURY OCCURED.	(Enter nature of in ury in	Parl or Parl II of ilem	18.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
			E OF INJURY (Home, far	rm, 20f. (City or low	n) (Coun	ty) (Stata)
	Hour a.m. While	Not While	ry, street, office bldg., et	c.J		
1			11/20/	40 EO 41 S	2/6/ 206	1 1 1 1 1 1 1 1 1 1 1 1
	21. I certify that (I) (this hospital) atten					
1		1961., and that	death occured at	M, from the	causes and on th	
ı	22a SIGNATURE		ATTENDING	MED. STA	EF.	22b. DATE SIGNED
1	I want buy	M.C		DIRECTOR PHY	s. 🗌	8/6/61
1	22c. PHYSICIAN'S		22d. ADDRESS	Glenn Dale	e Hospital	
ı	NAME (Type) Moe Weiss, M.	D			e. Md.	6 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
1	23a. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF GEMETERY O	R CREMATORY		City, town or county	
	REMOVAL (Specify) aug 7, 61	mt. Vlean	t	alal	ie 11	a.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1.25- 0	EC'D BY REGISTRAR	756 PEGISTRAPIS S	IGNATURE
1	TUNERAL DIRECTOR'S SIGNATURE	2/25- 8 16	entar Rit .	Stand or a	LOU. REGISTRAR 3 3	I WITTER WITTER
	- Cum	20030 milital	Lington Ha DATE	世紀 1 0 '61	and a	
			Ø.		The formation	Thensed

TO HOSPITITE OR ATTENDING PETSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par may be retained by hospital or aftending physician.

* TO FUNERAX DIRECTOR: After his certificate has been signed by the attending physician and contained the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

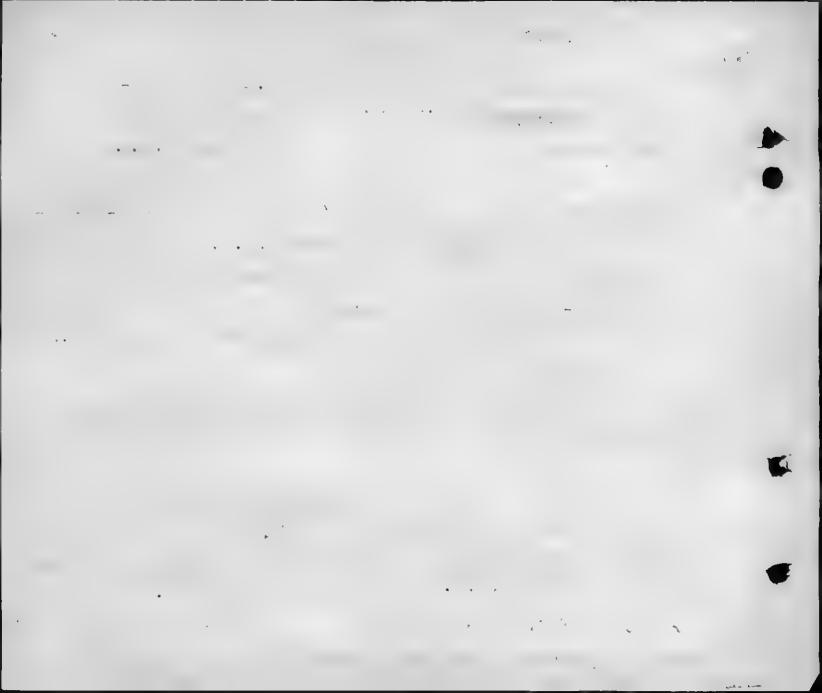


STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate I m ts, c. CITY OR TOWN (If outside corporete | mits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Sdays 2 mos Washington Glenn Dale (rural) d. NAME OF HOSPITAL OR IN HILLION in no. in hospital, give street address) d. STREET ADDRESS ON A FARM? Glenn Dale Hospital 3227 Debose PlassE YES NO TX 3. NAME OF M ddle DECEASED (Type or print) DEATH Richard Hill Jones 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lest birthdey) | Months | Deys Male Negro WIDOWED [DIVORCED IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Capital Chemical Exterminator Washington, D. C. USA Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Jones Mary Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Unknown Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary tuberculosis, far advanced yrs. . IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to Immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Fracture of left hip 206. ACCIDENT WAS UNDERLY NG 206. DESCR BE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town, 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 19.61, and that death occured at. P. M, from the causes and on the date stated above 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR TOTAL PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. director, be filed 23d. LOCATION (City, fown or county) 23a. SURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY 5 F 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)

15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH & Z. 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss on Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RJRAL and give nearest town) Laural One Adelphi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 727 Bond Mill Road 1706 Keokee Street YES NO T 3. NAME OF Middle 4. DATE DECEASED (Type or print) Maria DEATH Lvdia Knorr August 1961 with rs afte 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) | Months 5 m WIDOWED T DIVORCED T February 24,1871 Female 10a. JSUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania Housewife None U.S.A. PM3. Pa 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wetzel Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) ((I) vasgive were relates alservice) Charles G. Knorr, None same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebrovascular accident IMMEDIATE CAUSE (a) Office DUE TO burial Cardiovascular renal disease Conditions, il any, which (b) SER gave rise to immediate cause **DUE TO** (e), sletting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? Medical Should be NO TE 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of stam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, larm. 2Dl. (City or lown) (COLPTV) (State) factory, street, office bldg., etc.) While Not While OR: P. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 😿 Inquiry and in my opinion Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/21/61 ames I. Boyd NAME (Typa) Address (Street, city, town, or county) DEP 1 226, NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 225. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 8 Uniondale Cemetery removal Pittsburgh, 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Washington 9, D.C. DATE AUG 2 3 '61 5M 9/60 Orthon & History

T.C.T

the funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 ting physician.

the data been signed by the attending physician and campletely be that been signed by the attending physician and campages. Po may be retained by the haspital or at ming physician.

TO FUNERAL COR. After this certained by the attending physician and camplet page 3 should be detached for use as the burial-transit permit. Then please remove carban propers. The registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

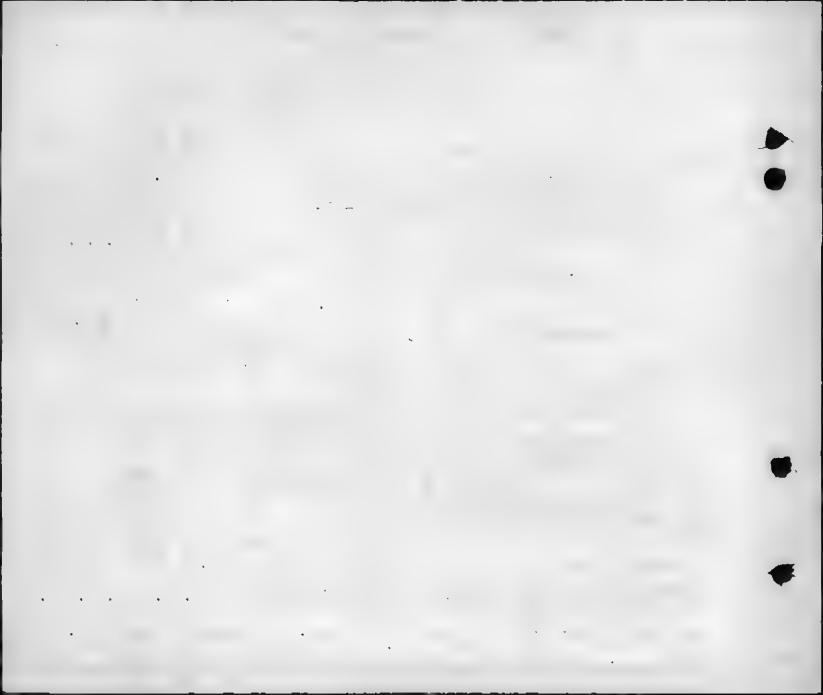
TO HOSPITAL OR

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9479 **CERTIFICATE OF DEATH** 09471

H									Keg. Dist. No), \(\(\begin{array}{cccccccccccccccccccccccccccccccccccc	es.		
	a. COUNTY			MARYLAND	2. USUAL o. STATE	7.7	4000	b COUNTY		are admission)			
ŀ		the war to be the			-	الراسا لا الأياس الم			44	77 N			
ı	RURAL and give no	f outside corporate limits, a corest town)		TH OF STAY IN 15	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)								
L		"STILLE		rears		wante - de	SVILLE						
ł	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give	street address)		∫ d. STRE	ET ADDRESS				e. IS RESIDENCE	П		
Ĺ	77.00	<u> </u>	رية			7500	HIDGS	ROAD		ON A FARM? YES NO 1)		
ŀ	B. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mont	h D	ay Year			
ı	(Type or print)	12 31	L	I	11.7	SIN	OF DEATH	25	- 7	3 1931			
Ī	S. SEX	6. COLOR OR RACE 7.			8. DATE OF E	-	9 /	AGE (In venes		R IF UNDER 24 HR	<u>_</u>		
ı	TIME		IDOWED [DIVORCED		1-70	1	ast birthday)	Months Days	Haurs Min			
h		A A		-					112 CIRITED	05 14447 5010 17			
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L	a to Differ the	لبدخ				Vali -	an made		Le	Sod.			
ľ	3. FATHER'S NAME				14. MOTH	ER'S MAIDEN N	AME						
L	70.	777, 71 7 7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ES .				4-7:2	The S	CBLRLI				
ľ	5. WAS DECEASED EVE	R IN U. S. ARMED FORCES	7 16. SOCIAL S	ECURITY NO. 17.	INFORMANT			Addre					
ı	(tot, rot, or wrangery	in yes, give wor or dures or service	"	7	TT.IS	KTI	CT II	1	."0				
F	IB. CAUSE OF DEA	TH [Enter only one cause	per lime for (a)	(b) and (c) 1		24 11.10		7,120	71 ~	FERVAL BETWEEN	-		
١		TH WAS CAUSED BY:	1800	a d	h		71			SET AND DEATH			
L	IMMEDIATE CAUSE (6) COCOO AMERICA CARLLIA												
l	420	DUE TO	O.	, "	0 -	7 .	111						
ı	Conditions, if ar		Can	cron	clero	her.	Hlai	Talse	ace				
ı	gave rise to in cause (a), stating t		0.	,	0	- 6		1 4					
	lying couse last.	(c)	US	erios	ctero	no go	uera	lunch					
	PART II. OTH	ER SIGNIFICANT CONDITI	IONS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITON GIVE	N IN PART I(a)	IP. WAS AUTOPSY	=		
	PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (If EITHER, NOTIFY)					()				PERFORMED	,		
	20g. ACCIDENT WA	S UNDERLYING CT 204	DESCRIBE HO	W INJURY OCCUR	ED. (False pate)	on of Initial in t	Part I as Rost II -	6 Stem 10 V		YES NO	L		
	OR CONTRIBUTING	S UNDERLYING (1) 20th (1) CAUSE OF DEATH (MEDICAL EXAMINER)	" PERCHIPE NO.	IT INJUNT OCCUR	LD. (CINTER HOTU	ie or injury in i	un For Forf II c	r tiem is.,					
1	20c. TIME OF INJURY Hour a. p.		20d. INJURY OC While Not	CURRED 20e. I	LACE OF INJUI actory, street, a	l'Alame, form	20f. (City or	lown)	(County)) (State	r)		
	p. m.		at work at w	willie		, J.C.							
	21. I certify the	at I attended the de	censed from	MON	. 19 5	5410 1	2011	1 10 6	that I last	45			
	alive on /C	Day 11				7 7 7		7		aw the deceas			
1	dive on 70	7	120	and that deat	n accurred	4	N, from th	ie causes ai	nd on the do	ate stated abo			
1	ACTUAL M	Marine VA		1. 11	-	, /1.	ADDRESS (Street	city or town, s	rote	DATE SIGN	IEI		
	SIGNATURE	- HURY	200	any	M.D. [01	Щи	U: 170	176	Helyen	Alling V	4		
1	PHYSICIAN'S		//							1 / Street	01		
L	NAME (Type)	OTTO P. TO	ر بسنند ،	i.D.	JULL I		- more	Con Li		223			
1	20 BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c. NA	ME OF CEMETERY	OR CREMATOR		22d. LOCATION			(State)			
1	REMOVAL (Specify)	3-16-7			1 5 47 (1 . 4	, ,	7 1	7	")			
12	3. FUNERAL DIRECTOR'S	777			D.C.	24g P501	D BY REGISTRAR	24h REGIST	IRAR'S SIGNATU	DE			
	1,15	1.00		An No. and and a	D.U.		3 1 6 61		I A LA	N.L			
11 -	a management by a	1 1 1 1 1 1 1 1 1	4 1		0 40	DATERNAL	u 1 m 0 1	1 7	1 1/2 1/4				



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edm ssion e. COUNTY frector, Page Prince George e Prince George files, MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town! your ö Boulevard Heights DOA Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) то d. STELT ADVRESS a. IS RESIDENCE ON A FARM? George'z General Hospital Byers Street State YES INO 3. NAME OF Middle 4. DATE DECEASED with the (Type or print) 61 DEATH August 19 John Garv Lawrence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS may. lost dirthday) 30, 1957 and Months White May Male WIDOWED T DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired! Miami, Florida USA None Give Pages Paged PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manoka Runyon John Gary Lawrence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdates of service) John Gary Lawrence, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FAILURE IMMEDIATE CAUSE (a) Office PIGNENTATION BRAIN STEM and SPINAL CORD Conditions, it env. which geve rise to Immediate cause in word "perion is a serion in **DUE TO** (e), steting the underlying b cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? RACHEDBRUNCHITIS Medical CERTIFICA YES NO . pluods 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) forwarded to the Chi L DIRECTOR: Page (County) (Siete) 0 factory, street, office bldg., etc.) Not While Hour a.m. While et work | el work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 🔣 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8/12/61 DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** DEPU NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) Burial 0 8 Washington National Suitland Maryland 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME AUG 1 6 '61 Chilling & Krayes



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Prince George's b. COUNTY Prince George's MARYLAND b. C TY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give rearest town) Turedo d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General 590L Beecher Street YES NO NO NAME OF Middle 4. DATE Month DECEASED Gertrude Mann Autust (Type or pr nt) DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX DATE OF BIRTH 9. AGE (In years (IF UNDER) YEAR IF UNDER 24 HRS. last pirthday) Days Female WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) during most of working life even if retired) FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (if yes give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for [a] ONSET AND DEATH PART L DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO [6] gava risa lo immediata causa DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 | 19. WAS AUTOPSY PERFORMED? NO T 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of in any in Part I or Part II of itam 18.) 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) (County) factory, straet, office bidg , atc Whila _Not While Hour a.m. at work at work saw the deceased a 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHY5. 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] 23c. NAME OF CEMETINY OR CREMATORY LOCATION (City. 238. BURIAL, CREMATION, 25a. REC'D BY REGISTRAR 25b. DATE

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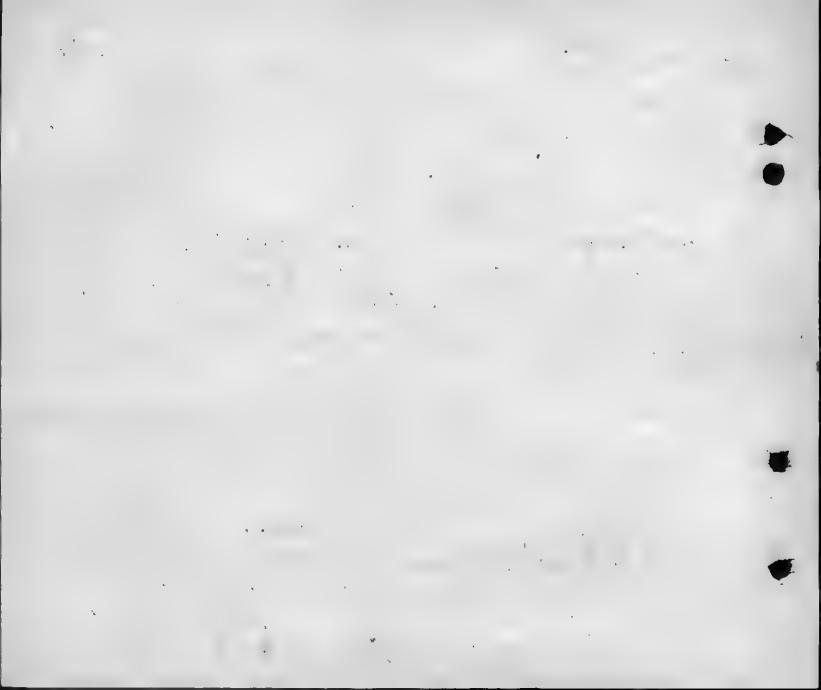
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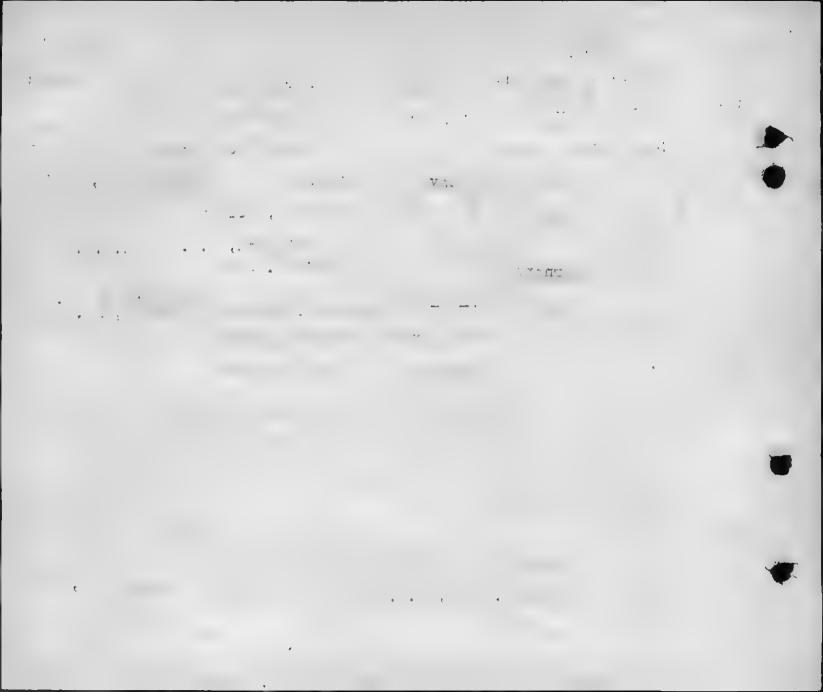
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH				2	USUAL RESIDENCE (WI	here deceased			nce befar	e admissio	n)
Prince G	eorge 's		MARYI	AND	o. STATE Maryland		ь county Prin	ce Ge	orae	18	
	(If outside corporate lim	ils write c.	LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpoi					
Cheverly		2	hours		Oakcrest			C	7		
	ITAL (If not in haspital, i	give street addr	ess)		d. STREET ADDRESS				-	on a f	
	eorge's Ger				103 Locust	t Stre	et			YES 🗌	
3 NAME OF DECEASED	Fi	rst	Middle		Lasi	4. DATE OF	Мог	nth	Da	y Ye	eor
(Type or print)	Deb	bie	Jea	n	Matthews	DEATH	Augu	st	23	15	961
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 🔯 B (DATE OF BIRTH		9 AGE (in years lost birthday)	Nonths		IF UNDER	
Female	Negro	WIDOWED [DIVORCED		May 1, 1961		munica yrs.		Days	Hours	Min.
100. USUAL OCCUPAT	ON (Give kind of wark orking life, even if retired	done 10b. KINI	O OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12 CI1	TIZEN OF	WHATCO)UNTRY?
None			one		laryland			U	J.S.A	. 0	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	YAME	, 4	7			
Glenwood	Matthews _				Helen /	1021	1-2/_	1			
15. WAS DECEASED EV	ER IN U.S. ARMED FOI		IAL SECURITY NO.	17. INFO	RMANT		Add	lrēss			
No		No	ne		Mother		Şa	me			
18 CAUSE OF D	ATH [Enter only one co	ouse per line fo	r (o) (b), and (c).]						INTE	RVAL BET	WEEN
PART I DI	ATH WAS CAUSED BY:	Inter	stitial	Prieum	onia						JER III
1,23	DUE TO										
Conditions, if		2)									
gave" rise to couse (a), statin											
lying cause los		c)									
PART IT O	THER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(a) 1	PERFOR	UTOPSY MED?
LY L										YES 🔀	
200 ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH	20b DESCRIB	E HOW INJURY O	CURRED. (Enter noture of injury in	Port 1 or Part	t II of item 18.)				
l I	Y MEDICAL EXAMINER)										
20c. TIME OF INJU	JRY Month, Day, Ye	or 20d INJUI While	Nat while	20e. PLACE factor	OF INJURY (Hame, farm y, street, affice bldg., etc	n, ¹ 20f (City :) !	or town)		(County)		(Stote)
Hour o, m	19	of work									
21 certify th	at (!) (this haspita	l) attended	the deceased	fram All	gust 23 . 12	61, ta	August 2	3 , 196	1 , th	at (I) (w	ve) last
saw the dece	ased alive an Aug	ust_23_	_1961 , and	that dea	th accurred at 2,	LA, fram	the causes at	nd an th	e date	stated	abave.
22a S GNATURE	1 0	1			AL e.	Le					DATE
tur	ncas A. C	teriste	ussu	M.D	PHYS. D	RECTOR [STAFF PHYS				3101120
22c. PHYSICIAN'S NAME (Type)	Christense	n, Tho	mas A., M	I.D.	22d. ADDRESS 6901	5 Balt	imore Av	e . , h	liver	dale	2/11/
	<u> </u>	14444 / [-	141		Tras/Attach	118216	/Landote	t/Min	124/	Vit.ty	Liste
23a BURIAL CREMAT		OF 23	C NAME OF CEME	TERY OR C	REMATORY	23d LOCAT	FION (City, town,	or county)		(State))
Burias	8/26/	6/ 7	Beren	-2 (hapel		re Ceru	relet	1 6	2/	4
24 FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	0	250 REC	D BY REGIST	RAR 25b REG	ISTRAR'S S			ı
1 / 18 011	a N 1/11	1 4%	7-441	7 7 1	PACIL DATE	for e o	0.	www.	a. 100	COLUMN TO SERVICE	



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY Prince George's Prince George's Maryland MARYLAND b. CITY OR TOWN (if outs de corporele limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside carparele limits, write Rt.RAL and a ve neerest town write RURAL and give nearest town) Bladensburg Bladensburg Veare d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, g ve street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Quincy Place YES NO T 5355 5355 Quincy 4. DATE 3. NAME OF Middle Year DECEASED OF (Type or print) DEATH 1961 Mauda McCauley August 6 COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF LNDER 24 HRS may with last birthday) Months WIDOWED IX DIVORCED [9,1900 Female 10a. USUAL OCCUPATION (G ve kind of work I 12. CITIZEN OF WHAT COUNTRY 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Washington, D.C. U.S.A Housewife Own Home Annie M. Kemp Ebenezer Barnard 2101 Quebec St., 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or detecof service) Robert B. McCauley Adelphi. 8 18. CAUSE OF DEATH [Enter only one cause per line for (e) [b], end (c).] burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) Te Cardiovascular renal disease Conditions, if any, which geve rise to immediate cause 10 **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medical Ex should be u NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. hief e 3 buri 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) Month, Dev. Year (County) (State) the Chie 20c. TIME OF INJURY factory, street, office bidg., efc.) While Not While el work el work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection K Inquiry X and in my opinion 0 forwarded to L DIRECTO ated agent, p death resulted from. Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER lease executors should be for punERAL 1 SIGNATURE 1961 August DEPUT NAME (Type) BOYD, M.D. Add Address (Street, city, town, or county) 22d. LOCATION (City/19Wh, or country) 0 0 P 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME althun S. Times 5M 9 60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest Jown) d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION id. STREET ADDRESS IS RESIDENCE ON A FARM? YES NOX NAME OF Middle Month Doy RNAI DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P. AGE (In years birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH Months WIDOWED X DIVORCED 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME OFF-F FRANKLIN BRIEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-CONGESTIVE HEAPT FAILURE lying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (Cily or town) (State) (County) foctory, street, office bldg, etc.) Hour a. m While Not while of work 21. I certify that I attended the deceased from L 2000 mb. r. 1957, to HUG 194 that I last saw the deceased M, fram the causes and on the date stated above. _, and that death accurred at ______ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL (PHYSICIAN'S NAME [Type] ന 220 BURIAL, CREMAT ON, 226 22d LOCATION (City, town, or copely) 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Spearly)

ADDRESS

24o. REC'D BY REGISTRAR

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246 REGISTRAR'S SIGNATUR

V5 A1S (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



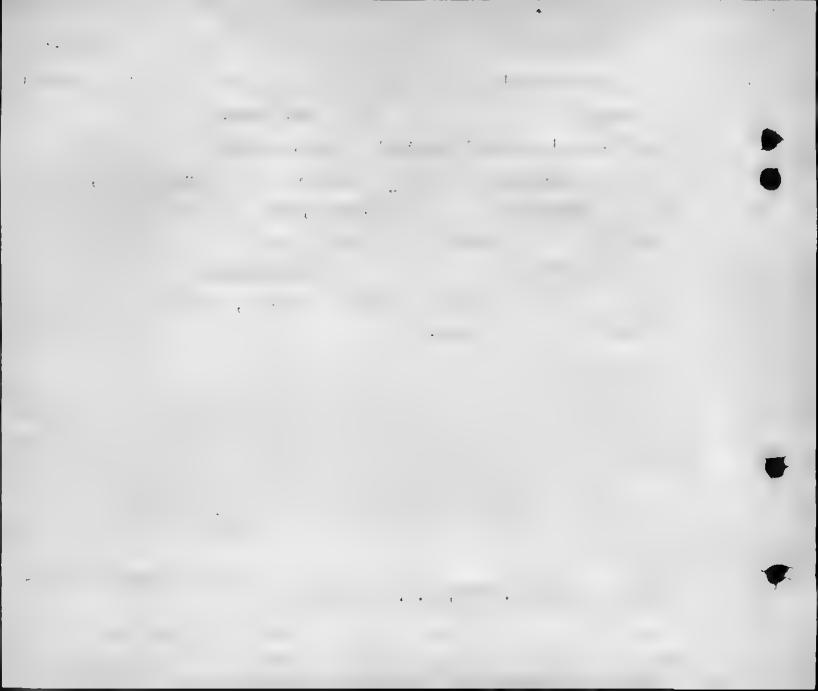
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCE BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATE PLACE OF DEATH S. USUAL RESIDENCE (Where deceased lived, If institution Residence below ineral director. Page ned for your files. are Board of Health, b. COUNT'Prince George's a. STATE b. CITY OR TOWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Seat Pleasant Seat. Pleasant La year d. STREET ADDRESS . IS RESIDENCE ON A FARM? the State B 512 69th Street 69th Street YES NO K NAME OF Middle DATE Day Yan DECEASED the OF (Type or print) Nellie DEATH 19 Papazian August 10 61 tould be executed within 24 hours after of "in pencil in Item 18. Give Pages 1, 2, and 3 to 1 Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with the moval, and in any event within 72 hours after 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS 73 yrs. Months Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) New Jerse U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unkn≡wn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 1327dr Spring Road N.W. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Washington, D C Edward Papa, ian None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONGESTIVE IMMEDIATE CAUSE (a) DUE TO RTERIOSCLEROTIC (ARDIOVASCLIAR DISEASE Conditions, if any, which 28: This certificate of the word "pending" is five word "pending" is five first the word be used as a buriel, cremation, or remy gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II. OTHER'S GN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY PERFORMED? DILATERAL T. FOCAL ATREPHU BRAIN INTERNAL CRANIAL OSTGOMA NO, T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) licate, wire...
To the Chief Median TOR: Page 3 should be burial. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion sease execute the certific the should be forwarded to FUNERAL DIRECTO in its designated egent, p death resulted from, Natural causes X. Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER August EXAMINER'S NAME (Type) Address (Street, city, lown, or county) DEP 226. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) EMOVAL (Specify) 940 g 23h. AdtieNa SUPIN 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VII. A15ME DATE AUG 23 '61 arthur S. Kraus 5M 9/60

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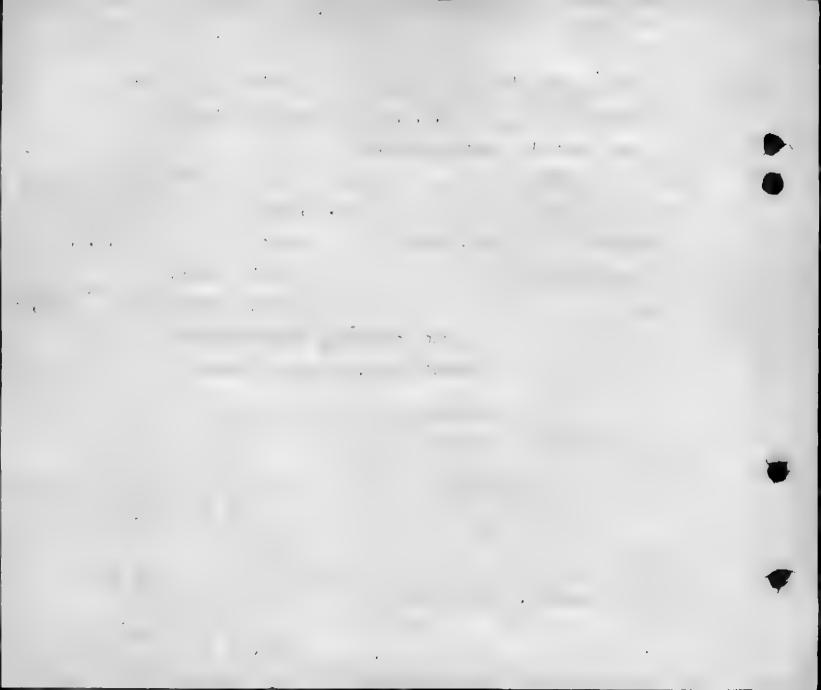
MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Prince George's a, STATE d for your files Board of Beath Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I'm is, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Glen Arden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? George's General Hospital Prince 1509 State Street YES NO 3 NAME OF 4. DATE Month DECEASED OF the (Type or print) DEATH after Lindwood Anthony Parker August 1961 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 2 with in pencil in Item 18. Give Pages 1, 2, and in pencil in Item 18. Give Pages 5 may Office along with form PM3. Page 5 may buriel-transit permit. File-pages 1 and 2 winneval. and in any event with 72 hours last birthday) Hours Colored | WIDOWED | DIVORCED I Male 8,1961 June 10a. USUAL OCCUPATION (Give kind of work I IDb. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE state or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None None Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Richard Brown Florence Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (Ifyes give weror datas of servica) Florence Parker. None game as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Pneumonia r's Office as a burial-t DUE TO Condillons, it any, which (b) gava risa to immediata cause the word "pending Addical Examiner's should be used as a **DUE TO** (a), stating the underlying ö cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION cremati PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18.) Page 3 short to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief MEDICAL forwarded to the Chit. DIRECTOR: Page 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While prior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🕎 Inquiry and in my opinion death resulted from: Natural causes 3 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S August should DEPU NAME (Typa) JAMES CEMETERY OR CREMATORY Address (Streat, city, fown, or county) 220 OURIAL CREMAT ON, 225. DATE THEREOF ş. 22d. LOCATION (City, lown, or country) REMOVAL (Spec ly) <u>0</u> 4 ■ FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HFAITH DEPES PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaesed lived, if institution: Residence before admission) a COUNTY b. COUNTPrince George's Health, a. STATE Marvland director, Page or your files. Prince George's MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. City OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give neerest town? ö Hillside Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Boar d. STREET ADDRESS a. IS RESIDENCE 1610 61st Place S.E. ON A FARM? Prince George's General Hosp. State ! YES NO 3. NAME OF M ddle DECEASED 1961 Tla Patterson (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. ould be executed within 24 hours after deal in pencil in fem 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withoutal, and in any event within 72 hours over 24st birthday) | Months Pemale Feb. 27,1937 WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work 106. KIND OF BUS.NESS OR NOUSTRY! 11. BIRTHPLACE (State or fore gn country) 12. CIT.ZEN OF WHAT COUNTRY? Housewife e Own Home U.S.A. Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Opal Miller Unknowa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17, INFORMANT Address (Yas, no or unkown) (Ifyasgive war or dates of service) Raymond Lee Patterson. Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b., and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) DUE TO Conditions, if asy, which' gava risa to immadiata causa ris DUE TO 50 (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO T YES pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, l'Enter natura of injury in Part I or Part II of Iam 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. e the certificate, writing 2Dd. IN. URY OCCURRED 2Da. PLACE OF NJURY (Home, ferm, 20f. (City or town) 2Dc. TIME OF INJURY (County) (State) forwarded to the Chi factory, street, office bldg., atc.) While Hour a.m. Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry 3 and in my opinion Natural causes 30% Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED should be for SIGNATURE 8/13/61 please exect
4 should be f
TO FUNERAL
or its designa DEPUTY MEDICAL EXAMINER K EXAMINER'S. DEPU James I. Boyd NAME (Type) Address (Streat, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 228, SURIAL, CREMATION, 225, DATE THEREOF Aug 18, 1961 Fairview Cemetery Phillipsburg Kaneas
REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE AUG 1 7 '61 VS. A15ME arthur & thousa 5M 7/59



Division of CTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution; Residence before edmission) e. COUNTY b. COUNTY Franklin e. STATE b. CITY OR TOWN (if culside corporate fimits, MARYLAND Florida c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate | m ts, write RURAL and give nearest town) write RURAL and give neerest town? director D.O.A. Lanark Village d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? George's General Hospital YES [NO T 4. DATE DECEASED (Type or print) Kathryn Payne DEATH August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years HE UNDER) YEAR | IF UNDER 24 HRS. 65 yrs. Hours Female WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. pages 1 within Housewife Virginia Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Louise Spicer Edward Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addres 3196 Lancer Pl permit. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Eleanor Bernice Giddens Hyattsville.Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Acute Congestive Heart Failure IMMEDIATE CAUSE (a) Office buria Cardiovascular Renal Disease Conditions, if any, which gave rise to Immediate cause m DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19, WAS AUTOPSY PERFORMED? d b Diabetes NO 4 YES T 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Tem 18.) PRIMARY | or CONTRIBUTING | Chief age 3 to buri 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, . 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) orwarded to the Corwarded to the Corward Hour e.m. at work | et work | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry T and in my opinion DEPX MEDICAL
Slease execute the certific
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7 its designated egent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) THERE BOYD THE NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION T22d. TOCATION (City, town, or country) (State) REMOVAL (Specify) Colmar Manor. Md. <u>v</u> 40 g Burial Aug 5. 1961 Ft Lincoln Cemetery 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE UG 1 0 '61 VS. A15ME F. Gasch's ons Hyattsville. Md. Chilbury S. Thomas 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

0700

MUACO

Hour o m. p m. 19 While at work at work factory, street, office bldg., etc.) 21 I certify that (I) (this haspital) attended the deceased fram. Sow the deceased alive on 8 25 126 to 126 to 127 to 1961, that (I) (we) loss sow the deceased alive on 8 25 126 to 1961, and that death occurred at 8 5 00, from the couses and on the date stated above 22a. SIGNATURE	3 £	St O	CEKTIFICA	TE OF DEATH			119607	
b. CITY OF TOWN (If outside corporate limits, write a LENGTH OF STAY IN 16 RURAL and give nearest town) Chevety y Cheve	a. COUNTY	e¹s	MARYLAND	o STATE		COUNTY		
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D FUNERAL LYRECTOR: After this centre has been signed by the attending physician and campletely and page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death

OR ATTENDING I by the haspital or I O'RECTOR: After this ce TO HOSPITAL P VR AIS (4) ISM P/59



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S SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B DATE OF BIRTH	9	P. AGE (in years	IF UNDER 3	YEAR IF UNDER	24 HRS
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13. FATHER'S NAME		9		14 MOTHER'S MAIDEN	NAME .	010			
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lying couse lost.) (c	:}							
PART II OTH	1ER SIGNIFICANT CON	iditions c	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS A PERFOR	UTOPSY SMED?
20a ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	TRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port	II of item 18.)			
<u> </u>		1			1 200 420				
20c TIME OF INJUR	Y Manth, Day, Ye	or 20d. IN While	UURY OCCURRED 20s. P	LACE OF INJURY (Home, for actory, street, office bldg.,	etc.) !	or lown)	(Co	ounty)	(State)
Hour o.m.	19	at work							
21 I certify the	ot (I) (this hospital	l) attend	ed the deceased fram.	July 27	1261 .to_1	August 1	, 19 <u>61</u>	., that <u>(l)</u> (v	ve) last
saw the deceas	sed alive on Aug	ust]	L 1961, and that	death occurred ot 2:	10, from t	he causes on	d on the	dote stated	obave.
220 SIGNATURE	1	/		Pi	M			226	. DATE
- Car	re A CA	rera	athor	M. D. PHYS	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c PHYSICIAN'S NAME (Type)			7	22d. ADDRESS					
	Saul Schwa	rtzba	ch, M.D.	1726 Eye	Street,	_ N.W., W	lashing	gton 6,	D.C.
230 BURIAL, CREMAT C	N, 236 DATE THEREC	61	23c NAME OF COMETERY	or crematory to	23d 100 KTI	DN (City, town o	may	01 (518)	nd
24 FUNERAL DIRECTOR	S SIGNATURE	24	alleville	DATE DATE	EC'D BY REGISTR		STRAR'S SIGN		
12000	100/02	7 77	7-02-1-00	DATE	A 4.				



113484

e. IS RESIDENCE

ON A FARM?

YES MO IX

Yeor

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

22b, DATE

SIGNED

Dovs

(County)

August 31.

RECTOR Š 0 15M 9/59

ന

22o. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

BUR AL CREMATION

Clarence J. Duke.

LINOVAL (Specify) 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

ATTENDING

22d. ADDRESS

DIRECTOR .

PHYS 🗌

23d LOCATION (City, Jown or gounty)

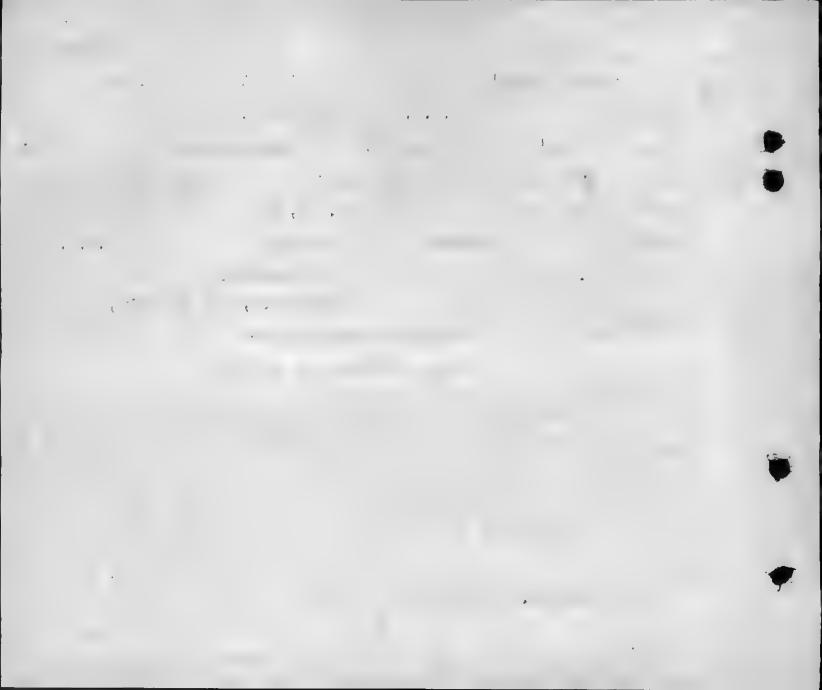
Riverdale Road, Riverdale, Haryland

PHYS



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived. If institution: Residence before admission) e. COUNTY **b.** COUNTY files. Health, Prince George's Essex _ MARYLAND b. CITY OR TOWN (if outs de corporete limits. I c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RJRAL and give naerest town) write RURAL and give nearest town] Cheverly D. O. A. Tappahanic k td. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? George's General Hospital 335 Queen Street YES NO 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Frank Douglas Pugh 2 with 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. last birthday) Male Colored WIDOWED DIVORCED Feb. 17,1935 ച്ച പ 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Virginia
14. MOTHER'S MAIDEN NAME Lauddry U.S.A 13 FATHER'S NAME Alfred P. Pugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; 17. INFORMANT Martha Green (Yes, no or unkown) (Ifyesgivewerordetesofservice) Margarss Rich, Tappahanick 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Congestive heart failure IMMEDIATE CAUSE (a) FG Office burial-r Chronic Glomerular Nephritis Conditions, I any, which gave rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY PERFORMED? NO 4 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of itam 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY | 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.] While Not While 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion forwarded by DIRECTC afed agent, p Natural causes Suicide Homicide Undetermined manner death resulted from. Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE lease exect should be FUNER! EXAMINER'S NAME (Type) Address (Streat, city town, or county) 22d. TOCATION (City, town, or country) (State) 240 p REGISTRAR'S SIGNATURE VS. AISME

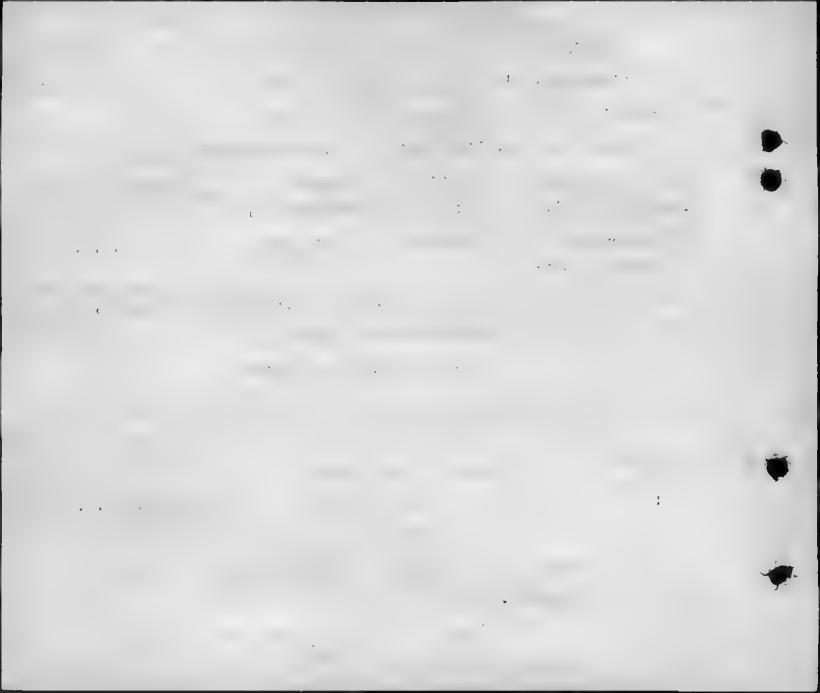


PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decresed lived, if instruction history before edmission) 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporete I mits, write RUR 1 digive neeres) town) and give nearest town) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Riverview YES NO DECEASED OF {Typa or print} DEATH 5. SEX 6. LOR OR ACE 7. MARRIED T NEVER MARRIED T , 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months WIDOWED [DIVORCED dona during most of working lifa, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stety, or foreign country 12 CITIZEN OF WHAT COUNTRY! 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yas, no, or unkown) | (Ifyasqiva war or datas of sarvica) 18. CAUSE OF DEATH |Enter only one cause par line for (at., (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) remalurety, DUE TO Conditions, if any, which (b) geva rise to immediate cause DUE TO (e), stating the underlying causa fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of neury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 1 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, straat, offica bldg., atc.] While Not While Hour e.m. at work et work saw the deceased alive on... 22b. DATE 22s. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN" NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) BURTAL, CREMATION, 1 23b. DATE EHEREOF REMOVAU (Spacify) 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Three



Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY is necessary, director. Page r your files. and of Health, e. STATE Prince George's Prince George Maryland MARYLAND b. CITY OR TOWN (if outside corporate I'm ta, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your f Board of H write RURAL and give nearest town) Hyattsville Transient Laural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? On Baltimore and Ohio Tracks refained State Main 1o3 Street YES NO 3. NAME OF 4. DATE Month Year DECEASED OF He (Type or print) DEATH Rubv Hart Regtor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years may 2 wit last birthdey) Months Deys Female White Min. ind be executed minimal pages 1, 2, and in pencil in Item 18, Give Pages 1, 2, and Office along with form PM3, Page 5 m yourial-transit permit. File pages 1 and 2 is burial-transit permit. File pages 1 and 2 burial-transit permit. December WIDOWED TA DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slete or fore gr country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Virginia

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME Robert Morris UNKNOWK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 36 M Ridge Road (Yes, no or unkown) (Ifyesg'vewerordatesofservice) None Joseph Ralph Rector Greenbelt, Md 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Hemorrhage and shock IMMEDIATE CAUSE (+) This certificate ahmuld be DUE TO Trauma multiple and severe Conditions, if any, which (b) gave rise to immediate cause (0 Examiner's DUE TO (e), stating the underlying as ե cause last. used cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19, WAS AUTOPSY CERTIFICATION 8 PERFORMED? Down as Medical NO X YE5 plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) Page 3 shour to burial, PRIMARY OF CONTRIBUTING Ran over by a train Chief te the certificate, writing 20c. TIME OF INJURY 20d. NJURY OCCURRED-4 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While forwarded to the CL DIRECTOR: Page aged agent, prior to et work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion death resulted from: Natural causes Accident T Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. should be for FUNERAL 1 its designates ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'9' DEPU NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a BUR.AL CREMATION 1 22b. DATE THERE 22d. AOCATION (City, town, or country) -(Stelle) 240 g REGISTRAR'S SIGNATURE VS. ATSME 161 Chilling S. Throng 5M 9/60

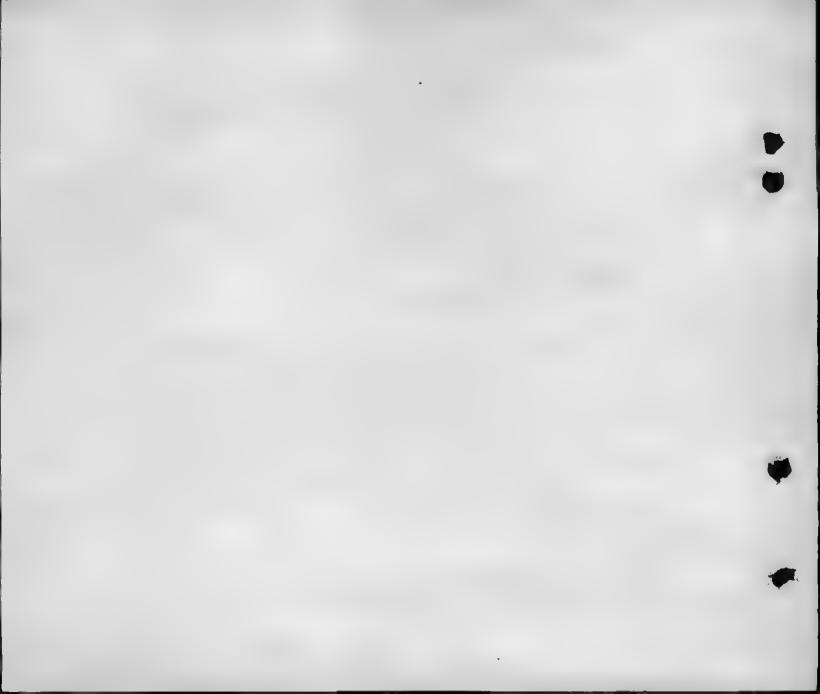


	MANYLAND STATE DIS	AKTMENT OF HEALTH	
DIVISION O	F STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BAI	TIMORE 1, MARYLAND
	3495 CERTIFICATE	OF DEATH	0.9487
	Ttem / 50 - Film	G245 9/20/61 iwk	
BOY OF DERTH		A PROTEST PROTESTOR WALLS A	then A. H. Lausthickhau. Baulahaman hadawa

a. COUNTY &	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
1 February (francisco)	PLAND . STATE Mas Y and b. COUNTY Prince fectors
b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF ST	AY IN 16 c. CITY OR TOWN (Is outside corporate limits, write RURAL and give needest lown)
(acins Sperios Surs 2	oma Temple Hills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ross) d STREET ADD (ESS ON A FARM?
USAF Hospital Andrews	58/9 Winston St. YESTINOFT
3. NAME OF DECEASED Midd .	Lest 4. DATE Month Dey Year
(Type or pant)	REED DEATH AUG 30 1961
5. SEX 0 6. COLOR OR RACE 7. MARRIED NEVER MARRI	
Male Carec WIDOWED DIVORC	DO 30 Aug. 61 less birthdey) Months Deys Hours Min
10e. USUAL OCCUPATION (G va kind of work 10b. K ND OF BUSINESS Of done during mast of working life, even if retired)	R INDUSTRY 11 SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Noue Noue	INTINCE GEORGES, Md. CLS.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lames A. Reed	Martha L. Rickland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ((Yes, not or unknown) (Ifyes give were or detes of service)	
(C) (C) (C) (C) (C)	Itospital Chart
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) AUOXIO	Zurs
DUE TO	
Conditions, if eny, which \ (b) foe fal	Atalectasis 8 hos 20m
geve rise to immediate cause	
cause lest.	Phrs 20 mil
	TH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON G VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
THE CONTRACTOR OF THE CONTRACT	YES NO X
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEA 200. ACCIDENT WAS UNDERLYING 200 DESCR.BE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stere) factory, street, office bldg., etc.)
Hour e.m. p.m. 19 St work St work St work St work	
21. I certify that ((this haspital) attended the decease	od from 3 = 1961, to 30 Aug., 1961, that (#) (we) last
saw the deceased alive on 30 Aug 1967	and that death occured at 2M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Notickes / Tarifes	MO. PHYS. DIRECTOR PHYS. 30/449.61
NAME (Type) NICHOLAG D HADTED CADE	IICAE MO IICAE Harm Andrews AED III-la OF D. O.
TALORO CAPI	USAF MC USAF Hosp., Andrews AFB, Wash. 25, D.C.
Deli OVAL IC	COlumbia D. C. Margue (Stele)
	Columbia, D.C. Morgue
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	DATE SEP 6 261 Coultry 8-16-us



BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA Item 8 PARTIAL RESIDENCE (Where decessed lived, if institution Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page b. COUNTY filos. MARYLAND b. CITY OR TOWN (if outside corporate) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auxide corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) Vour 7 Board Po d. NAME OF HOSPITAL OR INSTITUTION (if not . IS RESIDENCE ua street address) ON A FARM? refained State 3. NAME OF Frest 4. DATE Month Day Year 0 DECEASED OF wihThe (Type or print) DEATH 1961 AGE (in years) IF UNDER 1 YEAR . IF UNDER 24 HRS 5. SEX 8. DATE OF 19. 7. MARRIED [2 will and s 1, 2, and age 5 may 1 and 2 wi 72 hours birthdey) Manths Devs Hours WIDOWED TO 10b, KIND OF BUSINESS OR INDUSTRY 12. CUIZEN OF WHAT COUNTRY? dong guring most of working the, even fretired, 8. Give Pages pages PM3. 13. FATHER'S NAME ELIO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 1 17. INFO permit. (Yes, no, or unkown) ((If yes give wer or detes of service) in pencil in Item 1 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN I-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) Office DUE TO burial removal, should Conditions, if eny, which "pending" gove rise to immediate cause 10 **DUE TO** (e), stelling the underlying Examiner 98 cause lest. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 word NO should 20th, DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert II or Pert II of Item 18.) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown)) (County) (State) 958 fectory, street, office bldg., etc.) While Not While Hour e.m. forwarded to the L DIRECTOR: P. et work at work 19 prior to the certificate, 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IN EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 220 BURIAL CREMATION | 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 **₹**0 9 mor 24s, REC'D BY REGISTRAR I FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 31 '61 5M 7/59 Challing & House



BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution: Rasidence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION IIF TRAILER NAME OF M ddla DECEASED AY (Type or print) DEATH 5. SEX 9. AGE (In years IF UNDER 1 YEAR ₹ 7. MARRIED NEVER MARRIED last birthday) WIDOWED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME ARMED FORCEST I 16. SOCIAL SECURITY NO. 1 17. INFORMA (Yas, no, pr unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH (Enter only one couse par line for (e), (b), and (c). PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, (b) gave rise to immediate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS 208 ACCIDENT WAS UNDERLYING UNDER CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, Jerm, 20f, (City or town) (County) factory, street, office bldg., etc.) While _Not While Hour e.m. at work at work 21. I certify that (this hospital) attended the deceased from 23 Hutus T. to 2.7. MURUST. 196 /, that ((we) last ...19 6/., and that death occured \$125AM, from the causes and on the date stated above. saw the deceased alive on.2 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Air Force Hospital, Andrews AFB, Md. director, be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial - Lran Shienandoah Mem. Park. Winchester, Virginia. 0 256. RECTO BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

Bethesda. Md.

DATE

PUMPHREY

15M 9/60

e. IS RESIDENC ON A FARM?

YES NO NO

1961

IF UNDER 24 HRS.

ONSET AND DEATH

. WAS AUTOPSY PERFORMED? NO X

(Stete)

SIGNEO

Cathur & Kraye



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY A. STATE b. COUNTY Prince George MARYLAND Howard b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Guilford d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Warren's Hospital YES NO T Cleary Road 3. NAME OF Middle DATE DECEASED OF [Type or print] Hovle Rov DEATH Roe August 16
AGE (In years) IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IE UNDER 24 HRS. last birthday) Months | Days WIDOWED -DIVORCED May Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gr. country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Race Horse Groom Racing Georgia P.M.3. P.s. pages 1 U.S.A. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Ø 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yas, no, or unkown) | (If yas give werer dates of service) 132-03-4535 Mary Louise Roe Same as #2 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which Hypertensive heart disease gave rise to immadiate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, offica bldg., etc.) While. Not While Hour am CTOR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection []. Inquiry X and in my opinion death resulted from. Natural causes | + Accident [Suicide | Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be fo FUNERAL DATE SIGNED SIGNATURE August 16, 1961 NAME (Typa) JAMES I 220, BUR.AL, CREMATION, 226, DATE THEREOF Address (Street, city, town, or county) DEP should 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 40 % VS. A15ME 5M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e. COUNTY by the land 2 and 2 death. Prince Georges MARYLAND Frince Georges b. CITY OR TOWN (if outs da corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporaia I m Is, wri.a RURAL and give naaresi lown) write RURAL and give nearest town) Upper Marlboro Cheverly 8 davs d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give streat addrass) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? YES NO 7 Prince Georges General Hospital P.O. Box 171 3 NAME OF 4 DATE Month DECEASED Pindell OF (Type or print) DEATH Sasscer August Frances 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR last birthday | Months WIDOWED DIVORCED Female 12, CITIZEN OF WHAT COUNTRY 100 USUAL OCCUPATION (Give kind of work Government Dist.of Columbia 1 14. MOTHER'S MAIDEN NAME and Robert M. Pindell Lida Gardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no, or unkown] | (If yes give wer or dates of service) B. Leale Sasscer-Upper Marlboro, Md. 18. CAUSE OF DEATH [Enter only one coust per line for (a), (b,, and (c)] INTERVAL BETWEEN ONSET AND DEATH y & metadoses PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? NO 4 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work to 15- aug , 196/ , that (1) (we) last saw the deceased alive on 15 day and that death occurred at 0.3M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. MYSICIAN'S NAME (Type) Dr.R. Sasscer., M.D. Upper Marlboro. Md 23e, BURIAL, CREMATION, 1236 DATE THEREOF 1 23d. LOCATION [City, town or county] 23c. NAME OF CEMETERY OR CREMATORY death.
O FU
directe REMOVAL (Spacify) 8/18/61 Upper Marlboro Burial Trinity Cemetery 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) BONG DANUG 2 2 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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physician

attending

signed

FUNERAL

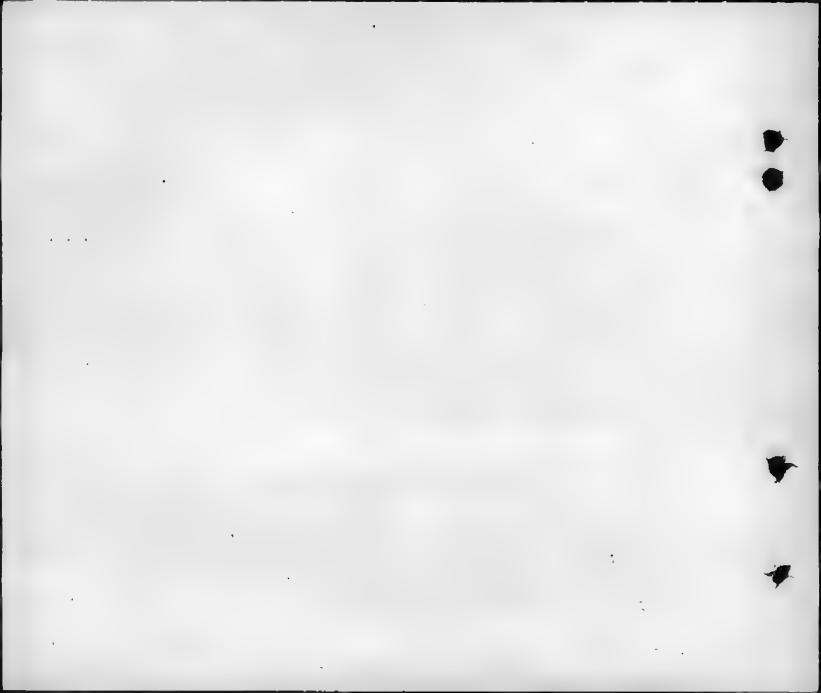
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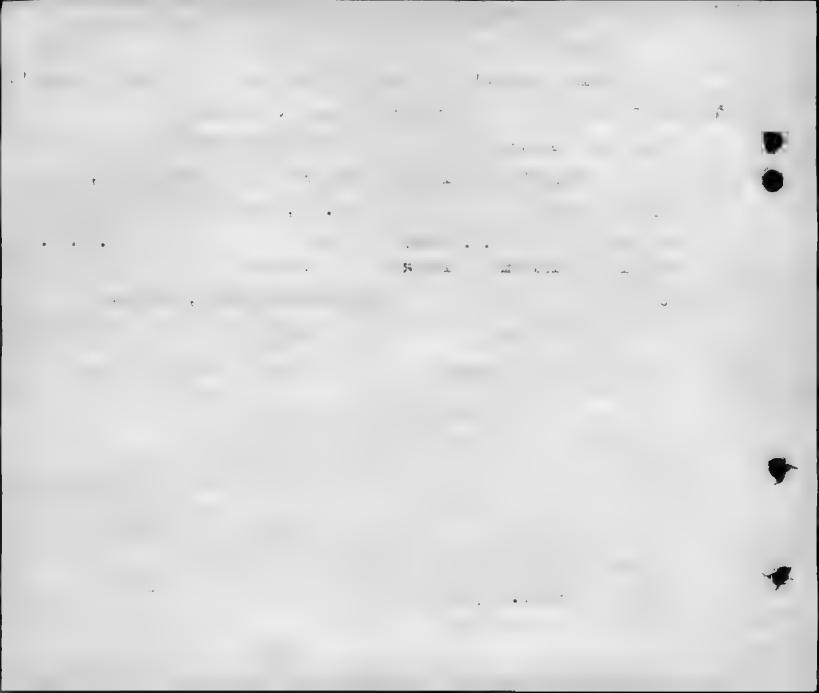
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03492

	1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (Vo. STATE	_ b	If institut on: Res. COUNTY		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16				and give nearest town)
	Cheverly	2 Days	College	Park	70		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS			e. IS RES	DENCE FARM?
7	Princ e George's Gen	eral Hospital	8905 48th.	Ave	/		NO 🚺
	3. NAME OF DECEASED First	Middle 50	TWART 19	4. DATE OF DEATH	Month		Year
ŀ	DaningT	NEW TO ALL DEVEN ALL DRIVED OF	B. DATE OF BIRTH		Aug .	NDER 1 YEAR IF UNDE	R 24 HRS.
	Male White wow		May 28,	last		nths Days Hours	Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Sto	le ar foreign country)	1	2 CITIZEN OF WHAT C	
-	Retired Clerk	Post Office	Maryl	and		U.S.	A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
\setminus	Samuel G. Schwartz		Alice P	eters			
1	1S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO 17 IN	HORMANT	coif?	Address	アクイント	
	PART I. DEATH Enter only one cause pas in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any which gave rise to immediate couse (o) storing the under-lying couse last. Conditions of any which (b) DUE TO Lying couse last. Column 10 OTHER SIGNIFICANT CONDITIONS	Jisaber Disease		obe f		INTERVAL BE ONSET AND ONSET AND SET AN	DEATH C Ly
	САТК					PERFC YES	RMEDY
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	in Port I or Port II of I	tem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work at work at work at work at work at work at work.							
	5- M c/.	above. b.DATE SIGNED ST. G.					
	230. BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 8/7/61	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (unity) (Stol	te)
		Ft. Lincoln		Colmar	Manor,	Md.	
	F. Gasch's Sons 4730 Policy	ADDRESS	250 RE	EC'D BY REGISTRAR	2Sb REGISTRA	R'S SIGNATURE	
	F. Gasch's Sons 4739 Balt	Ave Hyattsvi	lle Ma DAN	IG 1 0 '61	Luchery.	S. Times	



Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) director, Page or your files. oard of Health, e. COUNTY b. COUNTPrince Prince George George MARYLAND b CITY OR TOWN (f outside corporate) mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) write RURAL and give nearest town) District Heights Feww Hours Hillside d. NAME OF HOSP, TA. OR INSTITUTION (I not in hospital, give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 7201 Cabot Street State 1 Oak Crest Country YES NO. 3. NAME OF Middle 4. DATE DECEASED the (Type or print) William Siemer Jr DEATH Phillip 26. 61 August 19 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2 with filter c. 2, and 29e 5 may 1 and 2 32 yrs. Male WIDOWED [DIVORCED [Feb. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? ing bencil in Item 18. Give Pages 1, 2 Diffice along with form PM3. Page done during most of working life, even if retired) U. S. A. Tensus Statician Ohio pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wile Phillip Siemer Sr Lois permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no or unkown) (If yes give war or datasof service) Mary Gertrude Siemer. Same as # 2 Office along with burial-transit perm 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE CUTE MMEDIATE CAUSE (e) **DUE TO** DEVERE OCCLUSIVE CORONARY ATHEROSCHEROSIS geve rise to immediate cause "pending" **DUE TO** (e), stating the underlying dedical Examiner 98 cause fest. cremation, o PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118] 19. WAS AUTOPSY PERFORMED? Medical Ex YES S TRACHEOBRONCHITIS NO [200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hern 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. te the certificate, writing forwarded to the Chief 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 1 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 966 fectory, street, office bldg., etc.) While Not While ould be forwarded to the CUNERAL DIRECTOR: Page 4 designated agent. Principles Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection 📆 Inquiry 1 and in my opinion Natural causes X Suicide Undetermined manner death resulted from: Accident Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 8/26/61 EXAMINER'S DEPU NAME (Type) Boyd Address (Street, city, town, or county) James I. 22a, BURÍAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) <u>5</u>40 SUR 1741 23. FUNERAL DIRECTOR 246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 1/1 MG 2 9 '61 **V5.** A15ME arthur & Kross 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmiss on) e. COUNTY e. STATE PRINCE GEORGES PRINCE GEORGES MARYLAND b. CITY OR TOWN (I outs de corporete limits, c. C-TY OR TOWN (If outside corporate Irm Is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ANDREWS AIR FORCE BASE UPPER MARLBORO 2 DAYS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? RFD, BOX 2034 YES NO X USAF HOSPITAL ANDREWS 3. NAME OF 4. DATE Last Month Year Middle DECEASED OF (Type or print) ROBERT DEATH SIKORSKI AUGUST 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIEDXX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Hours MALE CAUCASIAN DIVORCED 11 11 AUGUST 1961 WIDOWED 10e. JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY! II BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE NONE MARYLAND UNITED STATES 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD WILLIAM SIKORSKI RUTH JOSEPHINE GEARY 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) | [[fyes give wer or detes of service] MEDICAL RECORDS USAF HOSP, ANDREWS AFB, MD 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Anoxia IMMED ATE CAUSE (e) Immediate DUE TO 2 days Atalectasis, congenital (b) geve rise to immediate cause DUE TO (e), steting the underlying Immaturity PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? YES X NO 1 206. ACCIDENT WAS UNDERLY NG 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pent I of Item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. [City or town) (County) factory, street, office bldg , etc.) Not While Hour em. et work | et work 21. I certify that (I) (ht/s/ Nospital) attended the deceased from 11 August 1961, to 14 August 19.61, that (I) (No) last saw the deceased alive on 14 August 1961, and that death occured a 2064M, from the causes and on the date stated above 22a SIGNATURE ATTENDING. STAFF SIGNED 14 Aug 61 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS RICHARD P MALSAN, Captain USAF MC USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD

1 23c. NAME OF CEMETERY OR CREMATORY

Bros.Fun'l Home-Upr Marlboro, Md 256.

Arlington Nat'l Cem.

DATE

(Ste e)

Virginia

arthur & through

23d. LOCATION (City, lown or county)

AUG 2 2 6 1 25b. REGISTRAR'S SIGNATURE

Ft. Myer,

ing phy: attending I Then please val, and in Ξ Then 2 0 USB TOT for u FUNERAY death.
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director
be filed VR A15 (4) 15M 9/60

funeral

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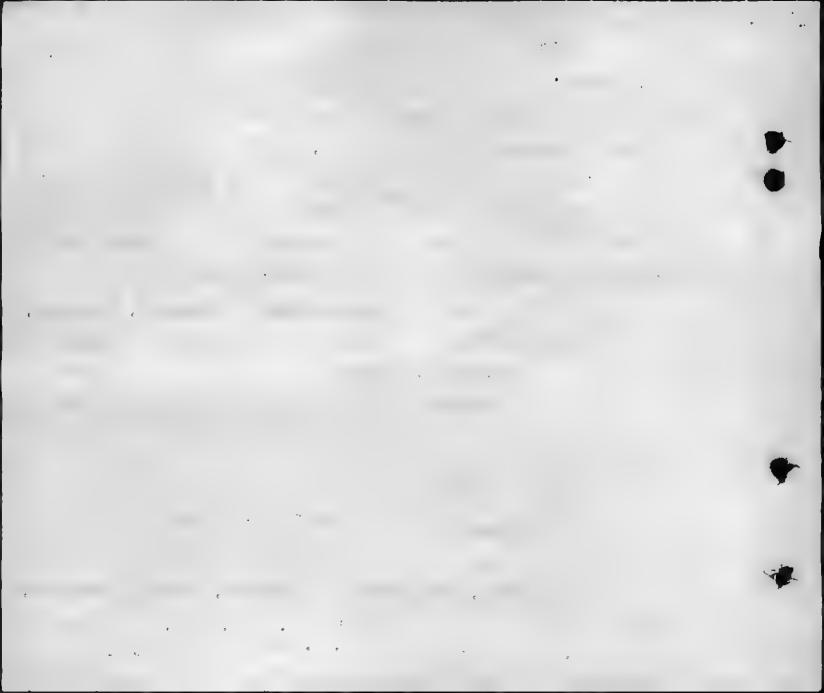
Pages 1 urs after

236. BURIAL, CREMATION, 235 DATE THEREOF

(Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY / b. CITY OR TOWN (if outside corporate limits, c. C TY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) To RURAL and ale nearest town NAME OF HOSPITAL OR INSTITUTION & f not an hospital, give ON A FARM? NAME OF DECEASED OF DEATH (Type or print) AGE (In years A UNDER I YEAR est birthdoy) Months Deys F UNDER 24 HRS. 7 MARRIED NEVER MARRIED DIVORCED TDe. USUAL OCCUPAT ON IG ve kind of work & I ZEN OF WHAT COUNTRY? physici CRANE 13. FATHER'S NAME 10R 14. MOTHER'S MAIDEN NAME please affending and 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) | (ffyes give wer or detes of service) Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (e) **DUE TO** Conditions, if anyt which (b) geve risa to immedieta cause DUE TO (e), stating the underlying ceusa lest. PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? prior 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED : 2De. PLACE OF INJURY (Homa, farm. 2Df. (City or town) (County) (State) Month, Day, Year While Not While fectory, street, office bldg., etc.) Hour a.m. et work et work saw the deceased alive on... 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FUNE P d 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 1 1) '61 15M 9/60 Chilling & House



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1,	N
COP	CERTIFICATE OF DEATH	

	DIVISION	OF STATIS	TICAL	RESEARC	H AND	REC
	2505		CE	RTIFIC	ATE	C
LACE OF DEATH	0000	Item	7	Fir. Un	UZY	ักรทั

09496

		A 9 / 2 £ / £ 3	±1.	
1 PLACE OF DEATH a. COUNTY	Item 9 Film G2	USUAL RESIDENCE (WH	ere deceased lived. If institution b. COUNTY	an: Residence befare admission)
Prince George's	MARYLAND	Maryland		ice George's
 b. C.TY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If a	iutside carporate limits, write R	URAL and give nearest town)
Cheverly		Cheverly	L.	+ 7.
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George's Gener		2609 Cres	t Avenue	YES NO 🔀
3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Day Year
(Type or print) Ada	M.ae	Smith	DEATH	ust 9 1961
5 SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (n years Jast birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White www	DOWED DIVORCED	January 18,	1880 8162/ 70.	Manths Days Haurs Min.
10a. USUA. OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
during mast of working life, even if retired)	own home	Wes	t Va	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James Wilson		Palesti	ne Zinn	
S. WAS DECEASED EVER IN U. S. ARMED FORCES		FORMANT		ress
(If yes give war or date of service	M;	rs Nell Mc G	owan Cheverl	ly Md.
18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c)	7		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	tul f	doma		ONSET AND DEATH
DUE TO	1,	No.		
Conditions, if any, which)	(houte	elpliti		
gave rise to immediate	1/ 1 2		E- /2/	
cause (a) stating the under-	hlicebele.	Much	elies (Ch	u.
_	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITI				YES NO
	DESCRIBE HOW INJURY OCCURRED), (Enter nature of injury in I	Part 1 ar Part II of item 18)	
206. ACCIDENT WAS UNDERLYING (1) CONTRIBUTING (1) CAUSE OF DEATH (1) FEITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year		CE OF INJURY (Hame, form		(County) (State)
	While Nat while Foo	tory, street, office bldg., etc	-}	
21 I certify that (I) (this hospital) a	ttandad the decored from	900.5	el 10 Aug. 9	, 19 6.2 _, that (I) (we) last
saw the deceased alive on Augustin	_ / /	Contract of	/ V /	nd an the date stated above
220 SIGNATURE	and that a	edin occurred disass	m, from the couses of	ad an the date stated dedve
James h x	aubech	ATTENDING MI	ED STAFF RECTOR PHYS	August 9. 1961
22c. PHYSICIAN S	alla and f.	22d. ADDRESS	KICION ED TITO	August 9, 1961
NAME (Type) James L. Lau	bach, M.D.	1806 Fox S	St., Hyattsvil	le. Maryland
23g. BUR AL, CREMATION, 23b DATE THEREOF	23: NAME OF CEMETERY OF		23d LOCATION (City town,	
Burial Aug 11, 19			Colmar Mano	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		·	ISTRAR'S SIGNATURE
F. Gasch's Sons Hya	ttsville Md.			other S. House

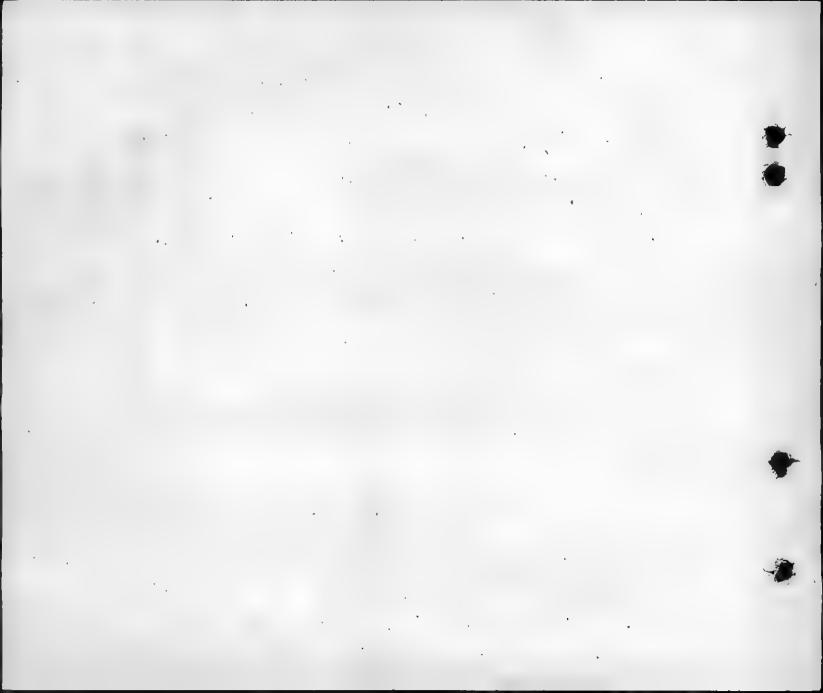
TO MOSPITAL TENDING PHYSICAL The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reformed by the haspital or of the physician.

TO FUNERAL LACTOR: After this certify the has been signed by the attending physician and completely in a structor, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, or remarkol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

V.

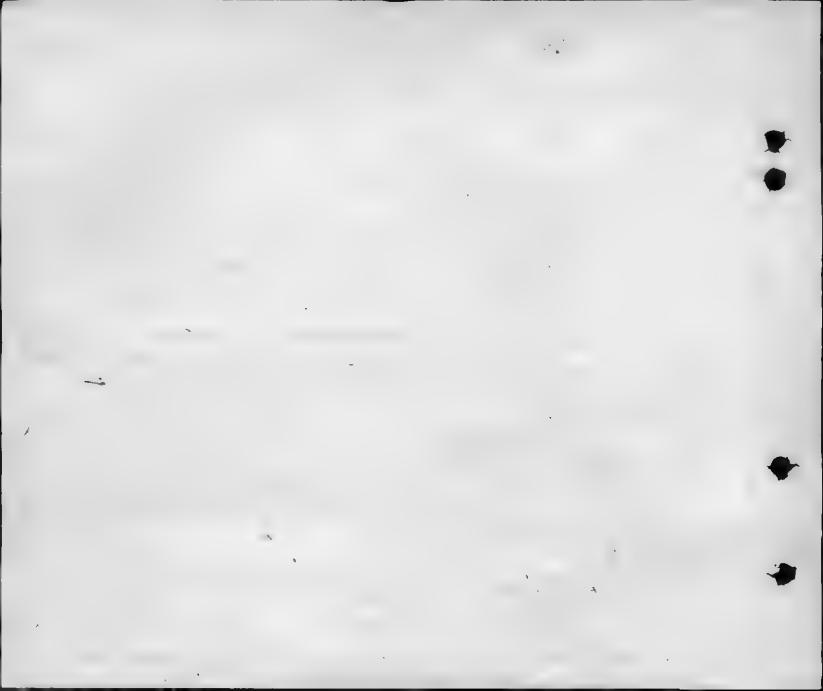


1 -	ス	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
e se á	H	9505 CERTIFICATE OF DEATH Reg. Dist. No(1) Q // Q //
director director	(IV	1. PLACE OF DEATH o. COUNTY LINCO Series Series MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE RAYLAND 5. COUNTY SERVE SERVED
funeral funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) M. (amer 1934) M. (amer)
nd 2 sho	X	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3806-30 Likely 6. IS RESIDENCE ON A FARM YES NO
ges 1 or	U	3. NAME OF DECEASED (Type or print) Frances S. Smith DEATH 8 - 27 1961
pletely ers. Pog		S SEX 6 CQCOP OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7 AGE (In years IF UNDER 17EAR IF UNDER 24 F
and com on pop		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLICE (State or foreign country) Local Country of working life, even if retired of the country of
sicion o		13. FATHER'S NAME LUKROWN LUKROWN LUKROWN
h certifi ling phy se remo n 72 hou		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Ves. no., or unknown) (If yes, give wor or dotes of service) 575-03-425 alma B. Smith Husband
of the dead the offend Then please		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEAT 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
on. signed by it permit. nd in ony		Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost. (b) Paring suite leveletement of the course (b) DUE TO
The lo≡ r g physicic hos been uriol-trons emoval, o		PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED. YES NO ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notive of injury in Port I or Port II of item 1B.)
With Cate by D. Or re		GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI tol ar c this cer or use o		20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of other of work of the point of
e hospine to sched fourial, courial, co		21. I certify that I ottended the deceased from 6.24, 1961, to 8.27, 1961, that I last saw the deceased olive on 8.25, 1961, that I last saw the deceased olive on 8.25, 1961, and that death occurred at 11:15M, from the causes and on the date stated about
ATTE of by the NECTON be determinented	1	ACTUAL SIGNATURE Waldo B. May M.D. 3503 Petry St. 7-28-61
retal RAL Di should istror p		PHYSICIAN'S Waldo 13. Moyers Mt. Rainier, Md.
MOSPIT moy be r FUNERA poge 3 sh	2	220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY Colman Mauer, Many, Or country (Signe)
VS A1S (4) 15M 9/58	W.	23 FUNERAL DIRECTOR'S SIGNATURE Nalley's Funeral Home And Paines 240. REC'D BY REGISTRAR'S SIGNATURE DATE ANG 31 '61 Carlus & trans
		Inc.





DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before edimission) MARYLAND b. CITY OR TOWN (if outside corporate I mils, (c. LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e. IS RESIDENCE ON A FARM? YES NO IS 3. NAME OF DECEASED (Type or print) DEATH 5. SEX IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR) 7. MARRIED MINEYER MARRIED last birthday) Hours DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHP, ACE (County & Stelle, or fore an country) ď 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affeiiding ple ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unknwn) [(If yas give we rordales of service) Same as #2 Benson G. Sodeman 18. CAUSE OF DEATH lenter only one cause per line for fel. (b). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying couse lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? 206 ACC DENT WAS UNDERLYING 206. DESCRIBE HOW NJURY OCCURED, (Enter nature of infury in Pert II or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Your 1 20d. NJURY OCCURRED 20e, PLACE OF INJURY Home form, ' 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on., ATTENDING 22b, DATE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, l 123d. LOCATION [City, fown or county] (Stata) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL [Specify] OH H Ft. Lincoln Colmar Manor, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE AUG 21 '61 15M 9/60 F. Gasch's Sons Hyattsville, Md.



Division of STATISTICAL RESEARCH AND RECORDS. 9500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) is ne. Arector. P. vour fi.es. COUNTY b. CITY OR TOWN (if outside corporate firm is, MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest lown) Seabrook Cheverly
d. NAME OF HOSP TAL OR INSTITUTION (if not 'n hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 9401 DuBarry YES NO State I Prince George's General Hospital 3. NAME OF 4. DATE Yeer DECEASED OF the William Randall (Type or print) 61 Steep DEATH August 19 With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX AGE In years | IF UNDER 1 YEAR Pages 1, z, z, d. 3. Page 5 may to 2 with 2 with 72 hours a last birthday) Months Hours September WIDOWED DIVORCED 100. USJAL OCCUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! U.S.A. Tuck Driver Hauling West Virginia pages 1 Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Madeline Robertson Robert Orr Steep File 9511 Fontana DR 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unknwn) | (If yes give we ror dates of service) Carol Ann Belden, Lanham, Md to 56 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) s a burial-ti DUE TO Drowning (b) gave rise to immediate cause DUE TO (a), steting the underlying SE nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTORSY PERFORMED? 8 NO B plnods 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of In ury in Part I or Pert II of Item 18) ne c. S. Page 3 s. swimming and got a cramp disappearing in water 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) , While Not While 61at work at work Blue Pond Muirkirk P.G. Ma 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X Inspection X and in my opinion death resulted from: Natural causes Accident 🛣 Suicide Hom'cide Undetermined manner lease execute the cert should be forwarded FUNERAL DIREC ris designated agen CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER August 19. EXAMINER'S NAME (Type) BOYD, M.D. Add JAMES Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 228 BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 400 Evergreen Cemetery Burial 23 FUNERAL DIRECTOR Bladensburg 240. REC'D BY REGISTRAR NUG 21 . Gasch's Sons Hyattsville Md. VS. AISME DATE SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

9516

09501

	o COUNTY				2.	USUAL RESIDENCE	E (Where d	eceased lived	l. If instituted	n Residence	before adm	iission)
	0 000111	Princ	e Georg	GE MARY	LAND	o. STATE	Mary	land	b. COUNTY	Princ	e Ge	orge
	b. CITY OR TOWN (RURAL and give no		rote limits write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	V (If outside	corporate li	mits, write Rl	JRAL and give	a nearest to	wn)
1		ttsvil	le	10 yrs	3.		Hyat	tsvil	le			
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in he	spital give street	address)		d STREET ADDRE	SS					ESIDENCE A FARM?
		4101	Jeffers	son St.		4101	Jeff	eron	St.			NO NO
3.	NAME OF DECEASED		Ferst	Middle		Last	4. [PATE	Mon	th	Day	Year
	(Type or print)		Sallie	A		Stein		EATH	Aug	ust 2	5	19 61
S.	SEX	6. COLOR OF	RACE 7. MARI	RIED NEVER MARRIE	D 🗍 8. D	ATE OF BIRTH		9. AC	E (In years the birthday)	IF UNDER 1		-
	Female	Whit	e WIDOW	ED A DIVORCE	J	uly 29,	188		80 yrs.	Months D	oys Hou	rs Min.
100	usual Occupation	DN (Give kind o	of work dane 10b.	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE	(State or for	eign country)	12 CITIZE	N OF WHA	T COUNTRY?
	during most of war	ewife				Washi	ngto	n, D.	C.	US	A	
13.	FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NAME					
	Lemu	el W.	Sanders	son		Sarah	M1	Murph	y			
15	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO	17 INFO	RMANT			Addr	ess4101		fersor
Ĺ					Mr	s. Esth	er B	lundo	n Dau	ghter		St.
	18 CAUSE OF DEA	ATH [Enter only	y one couse per li	ne for (o), (b) and (c).]							INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAUS	ED BY: AUSE (a)	cute cons	zesti	ve hear	t fa	ilure			_	eelr_
	445	B A	DUE TO				. 10					COL
	Conditions, if o	ny which)	(b)(deneralize	ed ar	teriosc	lere	sis			10	vrs.
	gave rise to i		DUE TO							i		<u> </u>
	lying couse last.	The <u>under-</u>	(c)							}		
Z	PART I OTI	HER SIGNIFICAL		CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL E	SEASE CON	IDITION GIV	EN IN PART 1	(a) 19. WA	S AUTOPSY
ATIC		Rheum	atoid a	arthritis	gen	eralize	a. 10	פידום ר	dura	tion		FORMED?
CERTIFICATION	200 ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OF						ULWII		
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAM	VINER)	None								
SAL	20c TIME OF INJUR	Y Month, D	ay, Year 20d. i	NIURY OCCURRED	20e. PLACE	OF INJURY (Home	, farm, 20	f (City or to	wn)	{Cou	inty)	(Stote)
MED	Hour a.m.		19 of wor	Not while	tactory	r, street, affice bldg	l'elcri					
1	21 1 certify the	et (I) (shinnin			from E	eh. 23	194 Q	to Ame	m 25	1067	that (1)	Main last
	saw the decea	sed alive a	Aug.	ded the deceased 24 19 61 and	that deal	10:20	Δ M	from the	CULTER UP	d on the	into state	ad abave
	22a. SIGNATUR	A CHILC OF	\/	The state of the s	mai dea	T Gozoffed dr	J. JOS. 1912	i dili ine i	cooses an	J On the C		22b DATE
	X	027-	so (1	leure	Se MID	ATTENDING PHYS	MED.	OR T PH	AFF LYS	Au	g. 2	5. 196
	22c PHYSICIAN S	-67	1			22d. ADDRESS					E .	
	NAME (Type)	Geo	rge Dev	vey, M.D.		16	29 C	lumb	ia Rd	NW W	ash !	9 DC
230	BUR AL CEDRATIK	DE 236 DATE	THEREOF	235 NAME OF CEME	TERY OR C	REMATORY						
	SUR AL CROSSIN	8/28	THEREOF	Congres	siona	il Cem.		E.JU.	wasr	"I'mgt c	ou' =	aleC.
	FUNERAL DIRECTOR			ADDRESS	NI T	7 1 250	REC'D BY		25b REGIS	TRAR'S SIGN	ATJRE	
1	ee Funer	al Hon	ne 300	-4th St.	IV . Er .	Dash DAT	E AUG	2 9 '61	1 a	rthun 2	Hanne	

DN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 king physician. ir he funeral directar, and 2 should be filed with .£ D FUNERAL WIRECTOR: After this centrate has been signed by the attending physician and campletely page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, cremation, or remayal, and in any event within 72 haurs aftgradeath TO HOSPITALITE ATTENDING PHYSIT may be reft to by the hospital or TO FUNERAL LIRECTOR: After this center VR A1S (4) 3SM 9/59

i •. 1 1,. ſ.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH director. Page or your files. . COUNTY e. STATE b. CITY OR TOWN ,if oulside corporate lifth is, Prince George's MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Cheverly
NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Oxon Run d. STREET ADDRESS Prince George s General Hospital 2202 Chadwick DATE OF (Type or print) DEATH Gazelle Stewart August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthdey)
51 yrs. Manths 25,1910 WIDOWED [DIVORCED July Female WILLS 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done thring most of working life, even if retired) U.S.Govt Pennsylvania U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank A. Stephan Anna Kanya 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgivewerordatesofservice) Donald Aubrey Stewart, None same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit p PART I. DEATH WAS CAUSED BY: HEPATIC FAILURE IMMEDIATE CAUSE (a) Office DUE TO gave rise to immediate cause VI FO **DUE TO** (a), stating the underlying causa last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTOPSY writing the word ' e Chief Medical Ex Page 3 should be to to burial, crematic 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) Not While factory, street, office bldg., atc.) et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗼 Inspection 📷 20 Inquiry X forwarded to DIRECTO Natural causes death resulted from-Suicide | Undetermined manner ... Homicide CHIEF MEDICAL EXAMINER lease execute the should be forward. PIINERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER August 17, 1961 EXAMINER'S DEPU NAME (Type) BOYD, M.D. Add JAMES I. Address (Street, city, town, or county) 228. BURIAL CREMATION .. 226. DATE THEREOF 22d LOCATION (City, town, or country) REMOVAL (Specify) 240 p Burial Aug. 21, 1961 Arlington National Arlington, 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG 21 arthur S. Kraye CHAMBERS CO. Riverdale, Md. 5M 9/60 DATE

. IS RESIDENCE ON A FARM?

YES 🙀 NO 🛚

1961

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES X NO

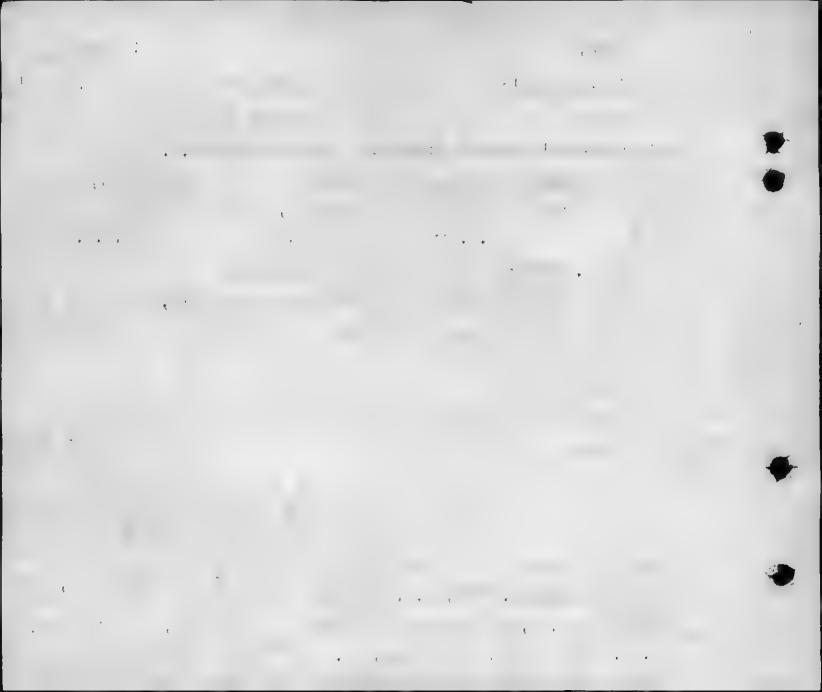
(Stete)

and in my opinion

DATE SIGNED

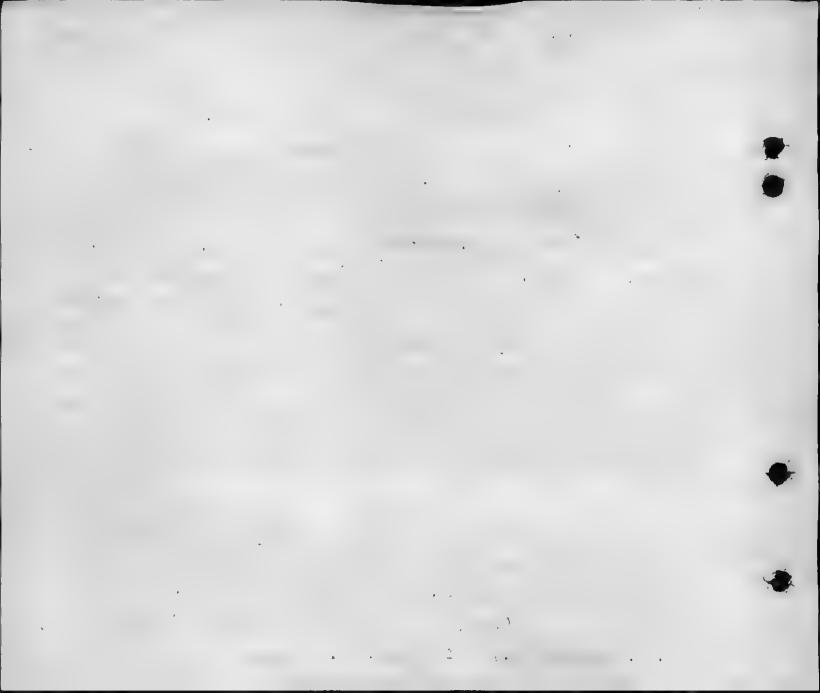
(State)

Virginia



9512 CERTIFICATE OF DEATH	19503
1. PLACE OF DEATH e. COUNTY Prince George 5 b. CITY OR TOWN (if outside corporete I mits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceesed lived, If institutions e. STATE b. COUNTY MARYLAND I Maryland C. CITY OR TOWN (if outside corporete I mits, write RURAL end give nearest town)	eorge's _
Cheverly d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospite), give street eddriss) d. STREET ADDRESS d. STREET ADDRESS	e. IS RES, DENCE ON A FARM? YES NO X
Prince George's General NAME OF Lost Lost A DATE Month DECEASED Riverdale Lost A DATE Month OF	Dey Y-er
Type or print) Alice R. Stoulil S. SEX 16. COWNTEE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Page 16. COWNTEE 7. MARRIED NEVER MARRIED August 29, 1891 Female August 29, 1891 August 29, 1891	17 1967 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
done during most of working life even first red)	USA .
John Bain 15. WAS DECEASED EVER N. L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Leargia Schmid. Serme	as#2
18. CAUSE OF DEATH (Enier only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Right hemothorax	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a which gave rise to immediate cause (a), stelling the underlying DUE TO DUE TO Conditions, if a which gave rise to immediate cause (a), stelling the underlying DUE TO	Unknown
cause lest. PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART STATEMENT OF THE TERMINAL DISEASE CONDITION GIVEN DISEASE CONDITION GIVEN DISEASE CONDITION GIVEN DISEASE CONDIT	T 1(e) 19 WAS AUTOPSY PERFORMED? YES NO
2Do. ACCIDENT WAS JNDERLYING 2Db DESCRIBE HOW NJJRY OCCURED (Enter nature of injury in Pert Lor Part II of Item 18) OR CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour s.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work at work	ounty) (State)
21. I certify that (I) (this hospital) attended the deceased from August 12 1961 to August 17., 1961 saw the deceased alive on August 17 1961 , and that death occurred at 2000, from the causes and on 122e, SIGNATORE	the date stated above.
Dary Rosenberg, M.D. ATTENDING MED. STAFF DIRECTOR PHYS. [] 22c. PHYSICIAN'S NAME (Type) Barry Rosenberg, M.D. 1210 Chillum Manor Rd., West	signed
236. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or cour	(Stata)
24 FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS CO., Reverdale, Md. DATE 116 2 2 61	

MARYLAND STATE DEPARTMENT OF HEALTH



within 24 hours after þ HOSPITAL OR ATTENDING PASSICIAN: The law requires that the death certificate be employed. Page 1.39 be retained by the population of the physician.

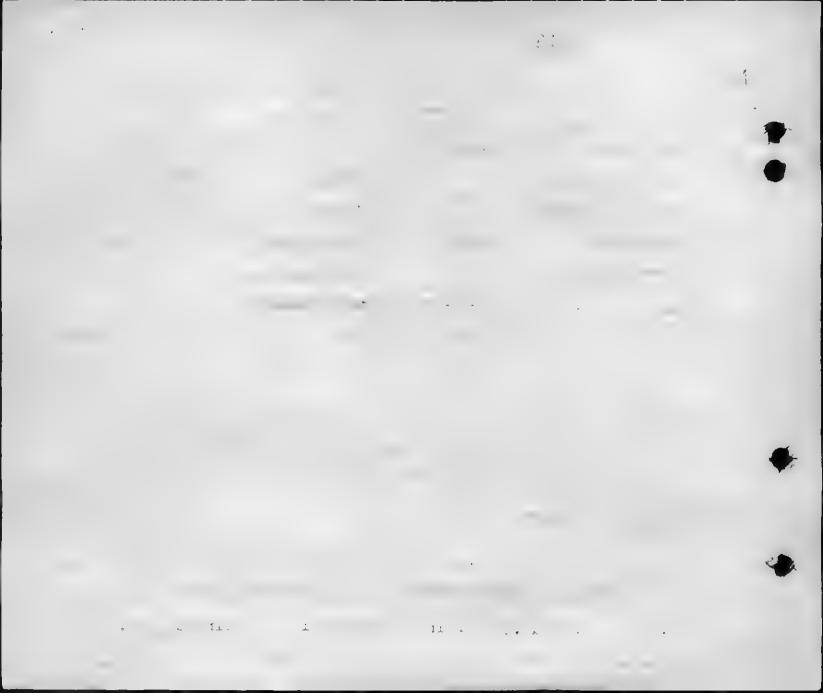
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon published with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within,

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9513 CERTIFICATE OF DEATH 09504

ı	1. PLACE OF DEATH a. COUNTY				2. USUAL RESID	ENCE (Where dec			ce before admiss on
ı	PRINCE GEO	RGES		MARYLAND	DISTRIC	T OF COLU	ь. count MBIA	Y	V
ı		outside corporate limi	is, c. LENC	OTH OF STAY IN 16		'N (If outside corpo		RURAL and give	nearest lown)
J	CAMP SPRIN	_	8 1	DAYS	WASHING	TON			
ł	d. NAME OF HOSPIT	AL OR INSTITUTION (of not in hospital, give	streal address)	d. STREET ADDRI		4	Je	a. IS RESIDENCE ON A FARM?
I	USAF HOSPI	TAL ANDREW	S AFB, MARY	LAND	3755 JA	Y ST, NE	7	/ 1	YES NO K
ľ	J. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
I	(Type or print)	AND	Y	A 5	STRICKLAND	DEATH	AUGUST	23	19 61
l	5. SEX	6. COLOR OR RACE	7. MARRIED X NEV	ER MARRIED 8	TATE OF BIRTH	9.		IF UNDER 1 YEAR	
1	MALE	NEGROID	WIDOWED [DIVORCED [20 April 19	920	41 yrs.	Months Days	Hours Min.
1	10a. USUAL OCCUPATI done during most of wor	ON (Give kind of world	106. KIND OF BU	JSINESS OR INDUSTR	RY 11. BIRTHPLACE (C	county & State, or fo	oreign country)	12. CITIZEN O	F WHAT COUNTRY
ı	US AIR FOR		AIRMAN		NEW JERS	SEY		USA	
ı	13. FATHER'S NAME	_			14. MOTHER'S MAIL	DEN NAME		_	
ı	GORDON STR	CICKLAND			CLEO STRI	CKLAND			
ı	15. WAS DECEASED EVE (Yes, no, or unknown) (If			SECURITY NO. 17.		_	Address		and
ı	YES	, cag	151-18-	-0874 Ho	spital Rec	ords			
ı		EATH [Enter only one	cause per line for (a)	, (b), and (c).]					TERVAL BETWEEN
ı		i WAS CAUSED BY: MMEDIATE CAUSE (a)	CARA	LAC AR	Rest.		_		nmediate
ı	TIN	DUE TO							
	Conditions, if any	, which 7 (b)	CONV	NISUN		_		In	mmediate
	gave rise to immedia (a), stating the us	N OLIGINA							
	cause last.	(c)							
	Z PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED?
1	Ĭ								YES K NO
1	PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING		20b. DESCR BE HO	W INJURY OCCURE	D. (Enter nature of injury	r in Part I or Part I i	of item 18.)	r recilition difficult fills de dissense in charles in	
_	U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER							
	3 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. INJURY O		ACE OF INJURY (Home,		or town)	(County)	(State)
Į	20c. TIME OF INJUI	19		While lac	tory, street, office bldg.,	etc.]			
ı			M) attended the	deceased from	16 Aug.	196/. 10	23 AUG	1967	that (I) (www la
ı			and the second s		death occured a		/		
ı	22a. SIGNATURE	direction of the contract of t	10	rixing and ma	1				22b, DATE
		12 CO	11000		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	ز	23445-1-1
ı	22c. PHYSICIAN'S	115000	<u> </u>		22d. ADDRESS				1.4
ı	NAME (Type)	ENNETH P CA	ARLSON CAP'	r USAF MC	USAF HO	SPITAL AN	DREWS A	B, MARY	LAND
	23a. BURIAL, CREMATI		REOF 23c, N	AME OF CEMETERY			TION (City, tow		(State)
	REMOVAL (Specify)	28 Aus	.61 Arl	ington N	ational	Arli	ngton.	Va.	
	24 FUNERAL DIRECTOR			DDRESS		REC'D BY REGISTE			TURE
	- fort	1/11/11/	6.21		DATE	AUG 2 8 '61	CI.	in y	



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

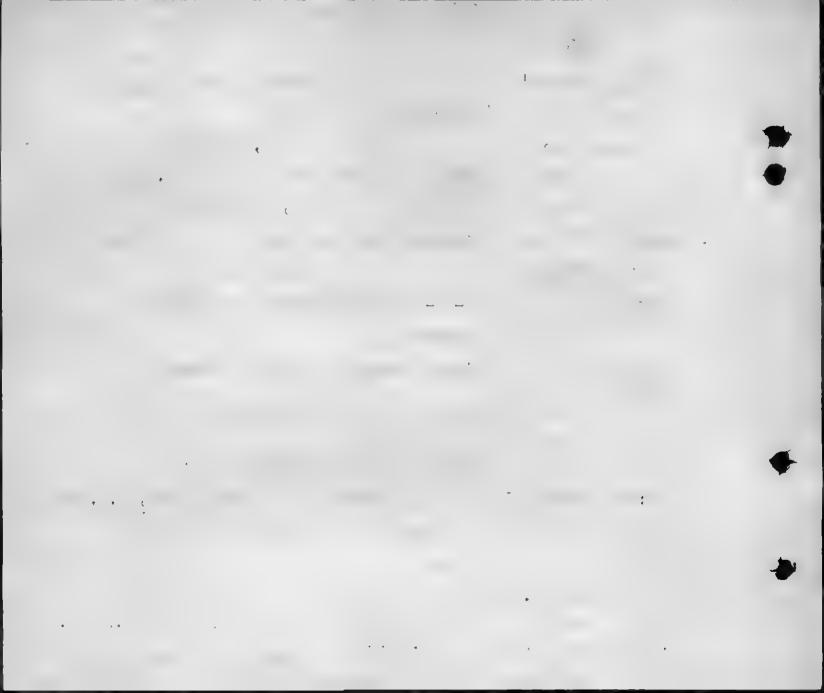
9514

119505

	PLACE OF DEATH COUNTY Prince Ge	eorge's		MARYLAND	2 USUAL RESIDENCE (WI 0. STATE Maryl and	here deceased	b. COUNTY	ce Geor		s on)
	b CITY OR TOWN (IF RURAL and give ne	autside carporate lími prest tawn)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	autside carpor				n)
_	Cheverly				Laurel) [7	
,	OR INSTITUTION	AL (If not in hospital, g	_	oddress)	d. STREET ADDRESS		1			FARM?
-		eorge's Ger	neral		611 8th S				YES [] NO []
3.	NAME OF DECEASED	Fin	st	Middle	Last	4. DATE OF	Man	th	Day	Year
-	(Type or print) SEX	Edr		L.	Thomas	DEATH	Augu		2]	196]
,		6. COLOR OR RACE	7- MARRI	77	8 DATE OF BIRTH		9. AGE (In years last birthday)	Manths Da		Min,
10	Female	Negro	WIDOWE		May 5, 1905		56 yrs	In Civizen	LOS MALAS.	COLIN ITENO
1,0	during most of work	ng lite, even it refired	iane 105. I	KIND OF BUSINESS OK INDU	ISTRY 11 BIRTHPLACE (Stole	ar toreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY
13	Unemployed	1			14. MOTHER'S MAIDEN I	MAME				
'`		nknows			Unknown					
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17. I	NFORMANT	_	Add	ress		
(*	es, no, or unknown) (I	f yes, give war or dates of s	(TVICE)		Hospital re	**************************************				
F	18 CAUSE OF DEA	TH [Enter only one co	use per lin	erfor (p), (b), and (c).]			i /		NTERVAL BI	
	PART I. DEAT	H WAS CAUSED BY:	· 4	the last	Ta Cla	e ba	e trus	un 2	NSET AND	DEATH
	1 1- 3	DUE TO		1	A	. 6	1 11	1	1	
	Conditions, if any, which) (b) Alaber less well had let. 194 also.									
	gave rise to in cause (a), stating t			1		r				
	lying cause last. (c)									
FICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUT NG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(c		AUTOPSY DRMED?
FICA		pera	acle	- Mulli	Mo				YES	NO 🗌
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURR	ED (Enter notuse of injury in	Port I or Part	Is of item 1B.)			
MEDICAL	20c TIME OF INJURY	Manth, Day, Yes	r 20d. IN While	JURY OCCURRED 20e. P	ACE OF INJURY (Home, farm	n, 20f. (City	ar tawn)	(Caun	ity}	(State)
ME	p. m.	19	at wark	intro writing		<u> </u>				
	21. I certify that	(I) (this hospital) attend	ed the deceased from.	August 1 19	61, to A	ugust 21	19.61,	that (I)	(we) last
	saw the decease	ed olive on All	ust.	21, 19 <u>61</u> and that	deoth occurred of	20 fram t	the causes on	d on the de	ote stoted	d above.
	220 SIGNATURE	11 00.		-	ATTENDING M	ED _	STAFF		22	DATE SIGNED
	22c PHYSICIAN'S	M CCC	ma	uro		RECTOR [PHYS 🖭	Auzu	st 22	, 196
	NAME (Type)	William H.	Clen	ments, N.D.	6001 35th .	Avenue	. Hvatts	ville.	Marvl.	and
23	BURIAL, CREMATION				DR CREMATORY		iON (City, town,		(Sta	
	PEMOVAL (Specify)	8/257	61	Queens !	hapel-	Mui	rKir	KIN	1d.)
24	FUNERAL DIRECTORS	SIGNATURE	rin.	ADDRESS (O	COUNTRY DATE	P 5 6		STRAR'S SIGNA Thun S. H	TURE	
-			-							



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Prince George's ennsylvani FenneyLvania Lycoming
c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest fown] MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Fortm Foote Renova Transient d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? St. Clair YES NO Potomac River NAME OF M. ddla DECEASED Charles Thomas Thrasher (Type or print) DEATH 5 may be d 2 with 1 hours afte 6. COLOR OR RACE 17. MARRIED NIMER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Days Male White WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? ive Pages 1, 2, n PM3, Page 1, and le pages 1 and it within 72 h Equipment Operator Construction USA Kentuckey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alvas Thrasher Lena Sallee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO ! 17 INFORMANT Address Mee Thrasher, same 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c)) ir's Office along w is a burial-transit po removal, and in a INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) Pinned under the water by tracter Conditions, if any, which gave rise to mmediate cause **DUE TO** (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 70 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of marry in Part I or Part II of item 18.) 20a, EXTERNAL CAUSE WAS In the certificate, writing the forwarded to the Chief Mac IL DIRECTOR: Page 3 shoutsted agent, prior to buriel, o PRIMARY OF CONTRIBUTING [] Pinned under the water by tracter 1 20d. INJURY OCCURRED ,20e. PLACE OF NJURY (Home, farm. 20f. (City or fown) 20c. TIME OF INJURY (State) River 6 While Not While Fort Foote, P.G. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion please execute the certificate should be forwarded to pruneral DIRECTO or its designated agent, p Accident XX Suicide [Homicide Undetermined manner Natural causes death resulted from-CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE 8/16/61 NAME (Type) James I. Boyd Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Renovo. Clinton Co., Penna. Q409 North Bend Cemeterv Burial 240 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE W.W. Chambers Company, 517--11th St.S.E. Wash. DC VS. A15ME Clothout & These

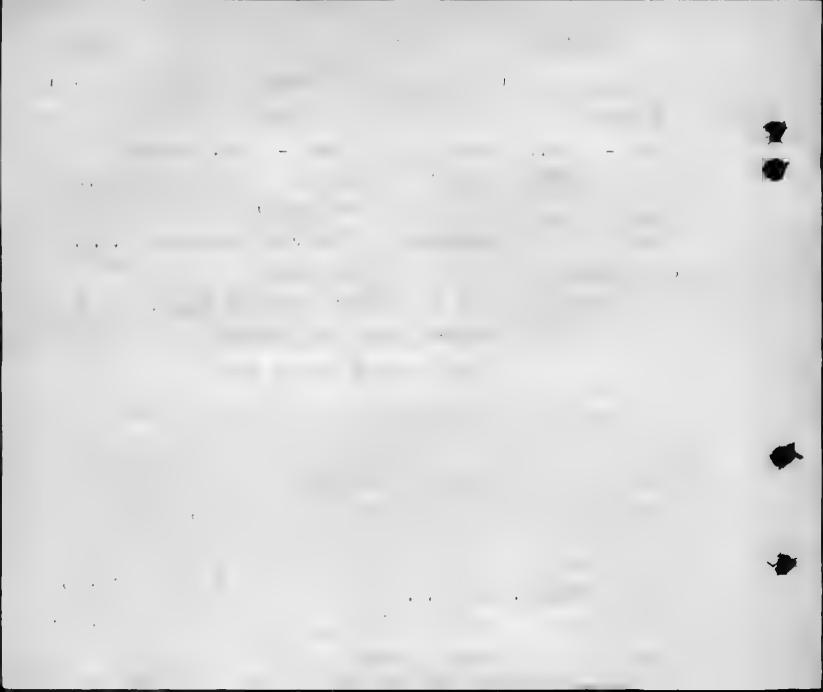


MEDICAL EXAMINER'S CERTIFICATE FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Maryland Prince George C. CITY OR TOWN (If outside corporate limits, write RURAL and give reseas flown) b. C.TY OR TOWN (if ouls de corporate .tmils; MARYLAND write RURAL and give neerest town) Brentwood Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO 38th, Street **4010** 3. NAME OF Middle DECEASED (Type or print) DEATH Veronica Tucker 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 19 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 2 with 30,1895 65yrs. Months December WIDOWED [DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE , State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? . Give Pages 1, 2, orm PM3. Page done during most of working I fe, even if retired) District of Colombia Own Home pages 1 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME James Frank Anderson Mary Barry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Yes no, or unkown) (Ifyesgive were released service) William Fredrick Tucker, same as 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) r's Office s a burial-t removal, DUE TO C ardiovascular renal disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying should be used a PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT. ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 28h. DESCRIBE HOW INJURY OCCURED, (Enter gature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief / Page 3 s 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, † 20f. (City or town) the C factory, street, office bldg., etc.) While __Not While st work st work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 30 and in my opinion Ö should be forwarded to FUNERAL DIRECTO Undetermined manner death resulted from: Natural causes Accident Suicide Homicide | | CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S BOYD, M.D. Addre NAME (Type) Address (Street, city, town, or county) 226 BUR.AL, CREMATION, 226. DATE THEREOF 7 22d. LOCATION (City, town, or country) Arlington National Arlington Burial 240 g 24e REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons Hyattsville, Maryland Chrima S. Thomas SM 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

Division of STATISTICAL RESEARCH AND



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALL

CERTIFICATE OF DEATH

1. PLACE OF DEATH

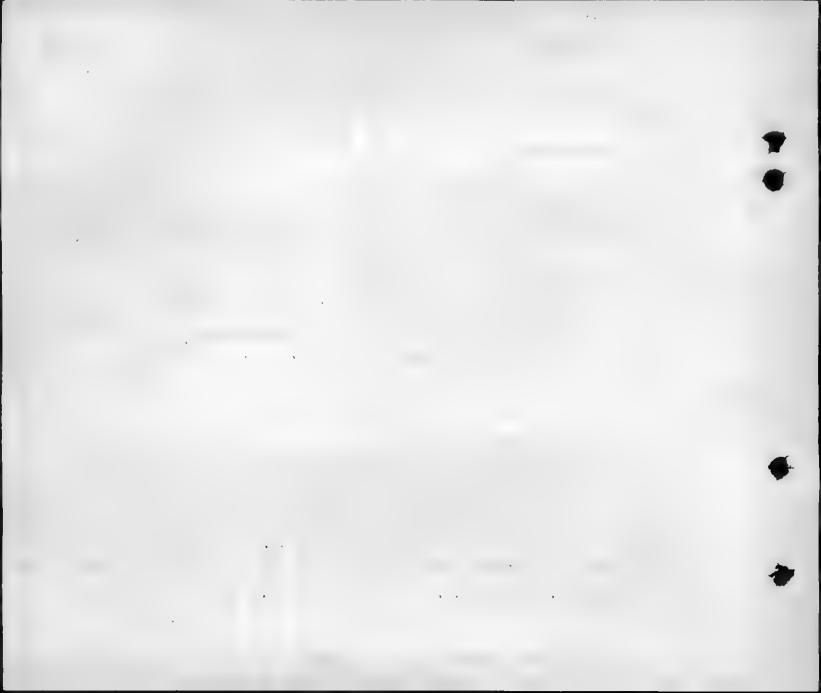
09508

	a. COUNTY		2, USUAL RESIDENCE (Where deceased o. STATE	lived. It institution. Residence before admission)					
	Prince George's	MARYLAND	Maryland	Frince George's					
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	ate limits, write RURAL and give nearest town)					
	Cheverly		Fairmont Heights	2,					
1	o NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
	Prince George's General		62nd Place	YES NO					
	3. NAME OF First	Middle	Lasi 4. DATE	Month Day Yeor					
	(Type or print) Sol		Underwood DEATH	August 9 1961					
J	5. SEX 6 COLOR OR RACE 7 MAR	RIED A NEVER MARRIED		AGE (In years HE UNDER 1 YEAR IE UNDER 24 HRS					
	Male Negro wipow	ED DIVORCED	February 14, 1885	lost burthday) Months Doys Hours Min					
	100 USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign cou	intry) 12. CITIZEN OF WHAT COUNTRY					
	during most of working life, even if relired) Laborer		Perry County, Al	ahama (1.5 A					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	a de la caractería de l					
	Jeff Underwood		Unions	wil					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	IFORMANT	Address					
	(Yes, no, or unknown) [If yes, give war or dates of service]	M	DRY Underwood	1816 (2 nd Pl. WE					
	IB CAUSE OF DEATH Enter only one couse per li	ne for (a) (b) and (c).1	+	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY.	1), (0	12-17501	ONSET AND DEATH					
	IMMEDIATE CAUSE (0)								
	Can ten Solante He de								
	gave rise to immediate	Conditions, if any, which by the conditions of t							
	couse (a), stating the under-								
		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY					
	Part II. OTHER SIGNIFICANT CONDITIONS	SOLUTION TO DEATH SOL	(TO) HEATED TO THE TENNING PROPERTY	PERFORMED?					
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part						
	OR CONTRIBUTING CAUSE OF DEATH								
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form 20f (City o	ar town) (County) (State					
~	Haur o.m. 10 While	Not while for	tory, street, office bldg., etc.)	(adding) (add					
		rk al work							
		_ /		August 9 19.61, that (1) (we) las					
	saw the deceased alive an August	9 1901 , and that a	leath accurred at U: No from t	he causes and on the date stated above					
	220 SIGNATURE	hull	ATTENDING MED	STAFF SIGNED PHYS An one t 9 16					
	120 PHYSICIAN'S	vacy	M.D., PHYS DIRECTOR 22d, ADDRESS	PHYS August 9, 16					
	NAME (Type)	- W T)		44					
	James L. Laubac	*		ttsville, Maryland					
1	230 FOR AL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY DE 230. LOCATI	ON (Cuy, town, or county) (State)					
1	8-14-61	Mar Ham	vory in lyigh	ruma /1 /1100					
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTR	AR 25b. REGISTRAR'S SIGNATURE					
	My a aprender 4 on.	4490 Deane	and MI DATEAUG 11 '01	Litting & Kings					

TO HOSPITAL MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reliably the hosp tall or 1. Fing physician.

TO FUNERAL DARECTOR: After this cert reach has been signed by the attending physician and completely did not the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH AREPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad livad, If institution: Ras denca bafora edmission) e. COUNTY **b.** COUNTY is nec. Prince George 15
b. C.TY OR TOWN (if outs de corporete lemits, California MARYLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! Cheverly Long Beach d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? State 2784 Delta Avenue Prince George's General 3. NAME OF M ddla 4. DATE DECEASED OF (Type or print) DEATH Fenton Velev August with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Monthsi Days Male White WIDOWED X DIVORCED [June 13, 1870 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Pages S Watchman Building Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlotte Burt Minard Veley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detas of service) Guy Veley Bowie, 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office burial-t Conditions, fany, which gave risa to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 e word ef Medical 3 should be YES NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Fell down stairs in home Hour a.m. 5:00 0/1/61 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) the Chia R: Page While Not While factory, street, offica bldg., etc.) at work al work Lanham Severn Rd., Bowie, Md. Home prior CTOR 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion should be forwarded to FUNERAL DIRECTO death resulted from: Suicide Undetermined manner Natural causes Accident Homicide | | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. August 2, 1961 DEPUTY MEDICAL EXAMINER DEPUT James I. Boyd. M.D. NAME (Type) Addrass (Streat, city, town, or county) 8200 Marlboro Pike, M. 22c. NAME OF CEMETERY OR CREWATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) Transportation 7/3/61 Long Beach 040 g California 23. FUNERAL DIRECTOR ADDRESS 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE VS. ATSME Casch's Sons Hyattsville Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9510

\								-
1.	PLACE OF DEATH			11	DENCE (Where decea	sed lived, If institution	: Residence	selore admission)
V		_Georges	MARYLAN	a. STATE	D. C.	b. COUNTY	-	;
1-	b. CITY OR TOWN (*	fouts'da corporata limits,	& LENGTH OF STAY IN			e limits, write RURAL e	and g've near	rest_lown)
	write RURAL and	give reesest lown)	12 yrs., 4				47	X
-	Glenn Dale		& / days		Washingto	n	"	_
1	~ -		In hospital, g'va street address)	d. STREET ADDR				 IS RESIDENCE ON A FARM?
١.	Grein Dar	e Hospital			1433 Decat	ur St., N.	W.	YES 🗌 NO 🔀
3.	NAME OF	First	Midd e	Last	4. DATE	Month	Day	Yeer
	(Type or print)	Christin	e J.	Wine	OF DEATH	Ω	Ω	19 61
-5	_ . SEX		AARRIED NEVER MARRIED	Vine	10 A	GE (In years IF UNDE	R 1 YEAR IF	JNDER 24 HRS.
		2 4 1			la	st birthday Months		lours Min.
	Female		DOWED DIYORCED	1 1 -1 -1	1 4		-	
10	De. USUAL OCCUPAT!	ON (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR IND.		County & State, or fore	gn country) 12. C	CITIZEN OF W	VHAT COUNTRY
	Reception		Officers Servi		a.	Ţ	USA	
13	FATHER'S NAME	-	- It C. De Stree D	14. MOTHER'S MAI		,	OOIL	
	n1) / Y		Poss	Elliott			
	Bloonfield		16. SOCIAL SECURITY NO. 1	1	ETTTOCC	Address		_
	(es, no, or unkown) (il	yes give wer or detes of service		/. INFORMANT		Addiess		
	No		Unknown _	Decedent				
	18. CAUSE OF D	EATH [Enter only one cous	e per line for (e), (b), end (c).]					AL BETWEEN T AND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary tuber	ulosi s			1.7	2 yrs
	004		carrier 1 amor	7 (140 DE 5				- 3 - 5 - 9
		DUE TO						
	Conditions, if any gave rise to immedi		-					- /
	(a), stating the un	DITE TO						
	couse lest.			_				
Z	PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE COL	NDITION GIVEN IN PA	RT 1(e) 19.	WAS AUTOPSY
- 18							YES	PERFORMED?
CERTIFICATION	20. ACCIDENT W	AS UNDERLYING [] 201	DESCRIBE HOW INJURY OCC	IRED (Enter nature of injur	ov in Part For Part II of	itam 18)	1	
E	OR CONTRIBUTING	CAUSE OF DEATH	, beschipe from myork occ.	Author father tracers at trilar	, , , , , , , , , , , , , , , , , , , ,			
		MEDICAL EXAMINER						
_ [5	20c. TIME OF INJU	RY Month, Dey, Yeer		PLACE OF INJURY (Home factory, street, office bldg.		town) (C	lounty)	(State)
MEDICAL	Hour a.m.	19	While Not While et work at work					
			attanded the deceared fr	1,/1/	101 Q to	8/8/ 1	0 67 that	(I) (wa) lac
	21. J COTTITY II	nar (i) (ims nospilor)	attended the deceased from	11-1-11-11-11-11-11-11-11-11-11-11-11-1	03 11 1		the date	cipied about
		ed alive on	8/7/19.61 and	inar death occured a	31a/M, Irom II	ie causes and on	The date	22b. DATE
	22a. SIGNATURE	Mioh	4	ATTENDING_	MED.	STAFF		SIGNED
		Moe h	wi	M.D. PHYS.	DIRECTOR 1			8/8/61
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS	Glenn Dal	Le Hospital		
	(4741111 (1790)	Moe V	Veiss, M. D.		Glenn Dal	e. Md.		
2	3a. BURIAL, CREMATI	ON, 236. DATE THEREOF		RY OR CREMATORY	23d. LOCATH	ON (City, town or cou	anty)	(State)
	REMOVAL (Specify)	8/10/61	Oakland (emetery	HAMP	TON . WIR	CHAIN	A
1	A SUNISDAY DIDECTOR	<u> </u>	Hampton,	Va. 1250		R 25b. REGISTRAR	S SIGNATUS	E
2	4 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS V	7 ~ ~ ~ ~ ~ ~		whim &	1 0	
	11.10.6	hambers	3 DO / Ulacha	no AU POAT	QUG 1 4 '61	Curamy A.	L Monidos	

Otherson

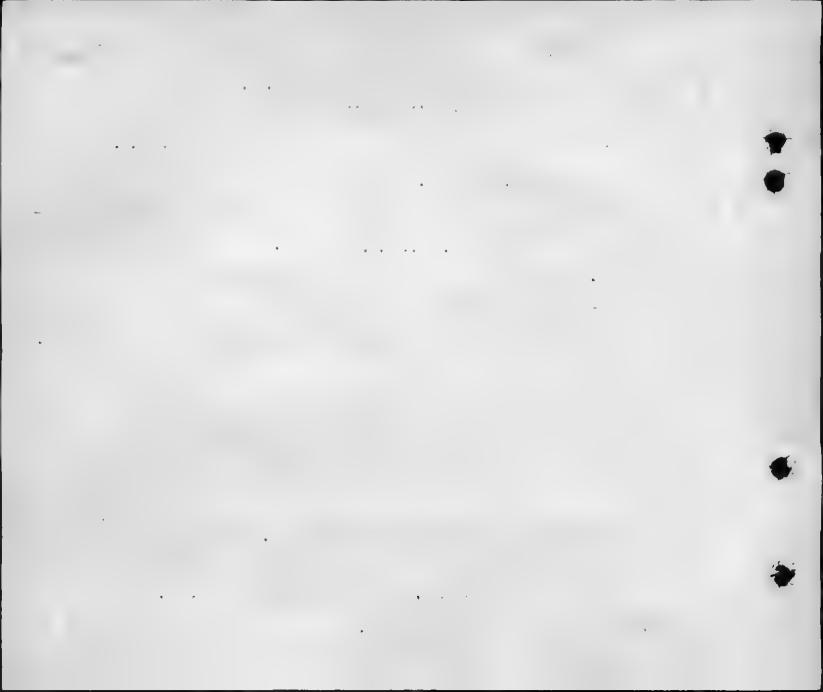
funeral should ocuted within 24 hours after TO HOSPIT. OR ATTENDING A hospital or attending physician.

death. Per may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c. etelyn ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove emba papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

YR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 9520 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George's Maryland Prince George's Œ funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) þe RURAL and give nearest town) anld Mt. Rainier Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO D 3320 Chauncev Place Prince George's General c NAME OF First Middle 4. DATE Month Yeor DECEASED OF DEATH (Type or print) Wade August 28 19 67 Baby Girl IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Doys Hours DIVORCED | WIDOWED [August 28, 1961 --- yrs. Female papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SUC during most of working life, even if retired) U.S.A. Cheverly, Maryland puo None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ulvsses P. Wade POWELL Ethel. гета IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Nother (Ethel Wade) aftending Same No None please CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)-12 INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** permit. Conditions, if any, which gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES X NO d hos 00 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour p. m. While Now while at work of work p. m. 21 I certify that (1) (this hospital) attended the deceased fram August 28, 1961, to August 28, 1961, that (1) (we) last .284, 1961, and that death accurred at 3,300, from the causes and an the date stated above. saw the deceased alive an August CTOR 220. SIGNATURE ATTENDING PHYS MED DIRECTOR STAFF PHYS. August M.D. DIM 22c. PHYS CIAN S 22d. ADDRESS 3 shauld NAME (Type) FUNERAL William R. Perry Street, lit, Rainier, Laryland Greeco 236 BURIAL CEMATION, 236 DATE THEREOF REMOVA Aspectfy)
Cremetion 9-1-61 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town or county) page Cheverly. Maryland Prince George's Gen. Hosp. 0 24 FUNDAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE EP 5 Onthur & House VR A15 (4) 15M 9/59 dmin strator



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

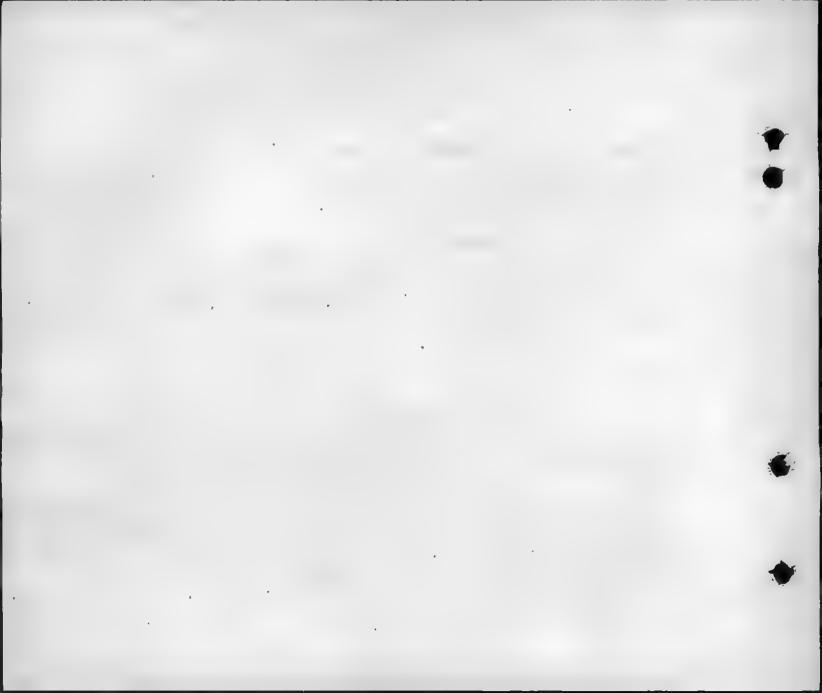
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5 TO HOSPITAL OR ATTENDING PHYSICAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be rekt. By the haspital or ding physician.	page 3 shauld be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2'shau-d be filed with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours offer-death.
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9	may be rekt. Thy the haspital or controlling physician.	4.7
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		TI O - FII T						
1 PLACE OF DEATH o. COUNTY	Prince Georges	MARYL	7 2.		(Where deceased ary land	lived If institution b. COUNTY	Residence before Prince	Georges
RURAL ond give i	(If outside corporate limits, w nearest town) Cheverly	c. LENGTH OF STAY IN	N 16		i (if outside corpor oper Marl	ate limits, write RUI DOTO	RAL and give ne	arest town)
OR INSTITUTION				STREET ADDRE	ss t. 1 Box	1321		e. IS RESIDENCE ON A FARM? YES NO NO
	Georges Gener		1	7	Ť	, di		113 110 11
3 NAME OF DECEASED (Type or print)	Bessie	Middle	W	ashingtor	4. DATE OF DEATH	Month Aug	0.51	oy Year 19 61
remale		MARRIED NEVER MARRIED OWED DIVORCED	_	Nov. 18		9 AGE (In years last birthday) 75 (L) yrs	Months Days	R IF UNDER 24 HRS. Hours Min.
10a USUAL OCCUPAT during most of wo	rking life, even if retired)	10b. KIND OF BUSINESS OR Housewife	INDUSTRY	Maryla	_	untry)	J.S.A	F WHAT COUNTRY?
13. FATHER'S NAME	Cone	110000011110	114	MOTHER'S MAIC			P = U = 25	•
	51							
	lenry Slye			Celia Da	oason			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes_give wor or dates of service)	1	17 INFOR	MANT		Addre	\$5.	7
	(If yes give war or dates of service)	None	Johr	1 W. We:	shi ng to:	a, Box 13	321 ppe	er Mart.
Canditions, if gave rise to cause (a), stoting lying cause last	immediale DUE TO	A FA	TH BUT NOT	RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	PERFORMED?
OR CONTRIBUTION	/AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER}	DESCRIBE HOW INJURY OC	CURRED (E	nter nature of inju	ry in Part I or Part	li of item 18)		YES NO
20c. TIME OF INJU Haur a.m. p. m.	19	Od. INJURY OCCURRED While Nat while I work are are work		OF INJURY (Hame. street, office bldg	farm, 20f. (City ., etc.)	or town)	(Caunty)) (State)
saw the deced	at (1) (this haspital) at asset arive an Aug ?	tended the deceased f		ATTENDING PHYS	19.6(ta	the causes and		e stated abave. 22b DATE 5 GNED
22c PHYSICIAN'S NAME (Type)	Francis Caril	lo, M.D.		1013 Uni	versity l	Blvd., Ea	st Lang	ley Pk. M
23a BURIAL, CREMATI REMOVAL (Specification) 24 FUNERAL DIRECTO	28-31-6	23c NAME OF CEMEN	AND CR	mel	23d LOCAT	ION (City, town, or PLAN ZSB REGIST	COUNTY) COUNTY COUNT	(State)
11/1/1/1			1 1/1/ -	1 0	AUG DIA	230 400101		_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacassad lived, If Institution, Residence belong admission) a. COUNTY a. STATE b. COUNTY 12 2 Prince Georges REPORT NAMED IN b. CITY OR TOWN (if outside corporate limits, pue c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) month and 9 days Washington Glenn Dale (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Glenn Dale Hospital YES NO Tenn., Ave., N.E. NAME OF (also known as "Carroll") Yaar Month DECEASED OF (Type or print) Carlos DEATH Washington 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 9. AGE (In years HE UNDER 1 YEAR) last birthday) Months Days Male Negro WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Republic Washington, D. C. Market Clerk (sales) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ella Frye George Washington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (If yas give war or dates of service) ian. Decedent 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary tuberculosis mos IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gava rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Pulmonary emphysema and fibrosis YES 😿 ио Г 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enlar natura of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Whila Not While Hour a.m. at work at work saw the deceased alive on....... 22b. DATE 22a. SIGNATURE ATTENDING DE PHYS. DIRECTOR PHYS. 22d, ADDRESS 22c, PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss. M. D. Dale. Md. director, be filed 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or coun REMOVAL (Spagify) Lincoln Memorial 25a. REC'D BY REGIST 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

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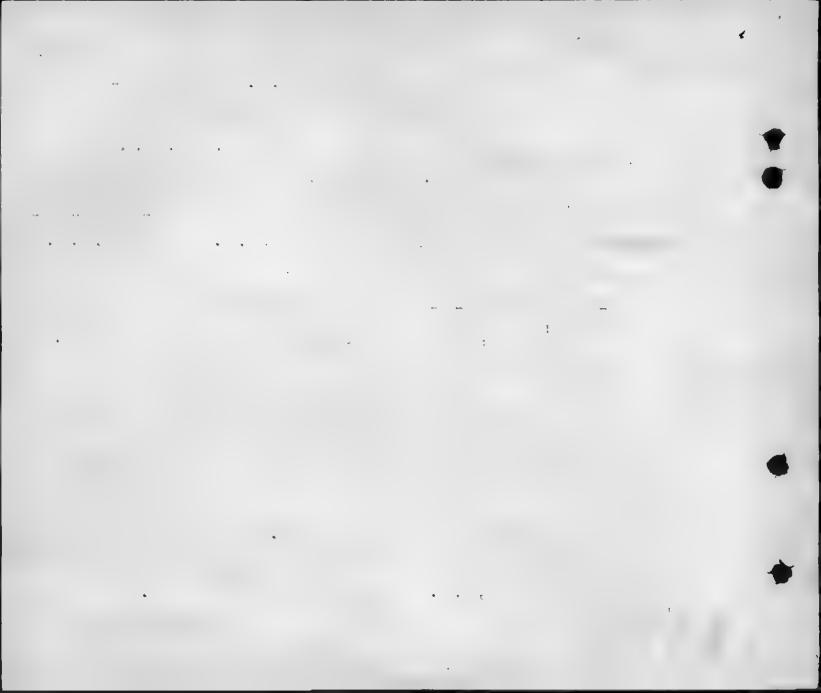
physician

attending

DIRECTOR:

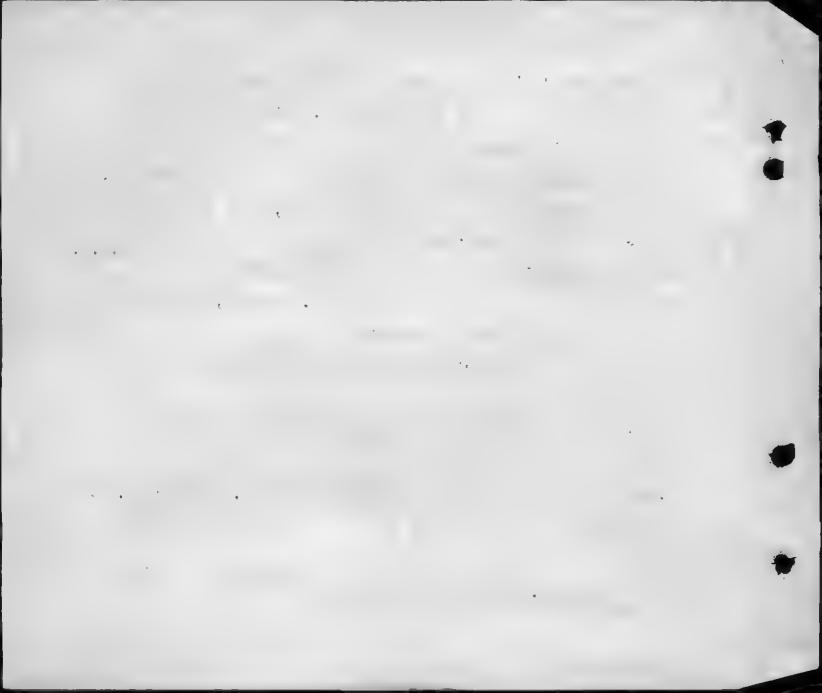
FUNERA

death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY Page files. . SIA Warvaldd b. COUNTY Printe George' Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete I mits, write RURAL end give neerest town) write RURAL and give nearest town) Mt. Rainier Cheverly Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3508 Shepherd Prince George's General Hospital State YES NO 3. NAME OF 4. DATE DECEASED (Type or print) Ingersoll 61 Watts DEATH August Daisev with 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR IF UNDER may 1 Page 5 may is 1 and 2 will 83 yrs. Months Days WIDOWED DIVORCED TO March Female White 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired . Clork pages | Kansas U.S.A. PM3 14. MOTHER'S MAIDEN NAME Brotta Dean Robert Ingersoll 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown), (Ifyes give wer or detes of service) Elinor D. Garilla, Same as # along with I transit permit 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH Acute congestive heart failure PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office of burial-t DUE TO Arteriosclerotic heart disease Conditions, if any, which (b) geva rise to immediate ceuse 63 DUE TO (a), stelling the underlying 50 PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? Fracture of right femur and left humerus 28 NO should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE CADEATH. Fell in home Chief 20d INJURY OCCURRED 2Ds. PLACE OF INJURY (Home, ferm, 2Df. (City or town) the Chie R: Page 20c. TIME OF INJURY Month, Day, Year (State) (County) Home Not While Mt. Rainier Whila Md 19 61 el work Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion forwarded i Undetermined manner Accident 🗶 death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 8/8/61 SIGNATURE EXAMINER'S James I. Bovd NAME (Type) Address (Streat, city, Iown, or county) 225 NAME OF CEMETERY OR CREMATON 22d. LOCATION (City, lown, or country) ö 40 ADDRESS A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9524 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY PRINCE GEORGES 라는 다 MARYLAND DISTRICT OF COLUMBIA CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts, write RURAL end give neerest town) Write RURAL and give nearest town) ANDREWS AIR FORCE BASE 1 DAY WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5213 CANTERBURY WAY USAF HOSPITAL ANDREWS YES NO K 3 NAME OF M ddle DATE Year DECEASED (Type or print) JOHN OWEN DEATH WELSH 19 AUGUST 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MALE CAUCASIAN WIDOWED [DIVORCED 31 JULY 1961 physician 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE UNITED STATES any NONE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending THOMAS GLENN ALBERT WELSH g MARY LOUISE MCQUAID 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 116, SOCIAL SECURITY NO 17, INFORMANT Address (Yes, no, or unkown) [Ifyesgivewerordatesofservice] NONE **FATHER** SAME AS ITEM #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) MAGCADINA DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying cause last. ihe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? as $|\mathbf{X}|$ NO [YES prior 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Item 18] 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Steta) 20c. TIME OF INJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR:190 A., and that death occurred at 620 M. from the causes and on the date stated above. saw the deceased alive out. 22e. SIGNATURE 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. 1 AUG 61 PHYS. FUNERAL paged 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) JOHN A MOORE, Major USAF MC USAF HOSP, ANDREWS AIR FORCE BASE, MD rector, 236 AURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) O # 2 DORIAL LINGTON ALL/167 256. REGISTRAR'S SIGNATURE 254, REC'D BY REGISTRAR LINERAL DIRECTOR'S SIGNATURE **ADDRESS VR A15 (4)** 15M 9/60 Circhar S. Hears

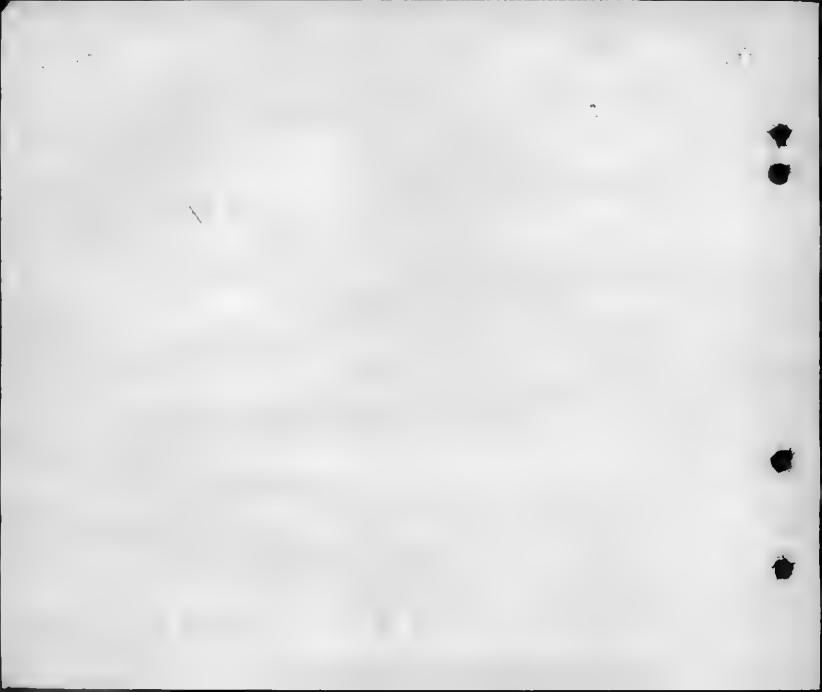
MARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AN MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) 1. PLACE OF DEATH a COUNTY COUNTY Maryland Prince George:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) b. CITY OR TOWN (if outside corporate limils, MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Mount Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO 3619 Eastern refained he State Prince George's General Hospital 3. NAME OF DECEASED (Type or print) DEATH may be 2 with th Wettie August 1 7. MARRIED NEVER MARRIED last birthdey) Months Hours March 16,1884 WIDOWED X DIVORCED Female .worÈ 1Db KIND OF BUSINESS OR INDUSTRY . 11 B RTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland None -RETIRED CHARWOMAN pages 11. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Sears UNKNOWN 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) UNavewy | Thomas L. Sears, Perm No same as 18. CAUSE OF DEATH [Enter only one cause per the for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Coronary heart disease Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM-HAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO XX 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page 3 s 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, he dian Autopsy . Inspection Inquiry | and in my opinion forwarded i Natural causes Suicide Homicide Undetermined manner death resulted from: Accident 1 CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ASS STANT MEDICAL EXAMINER DATE SIGNED execute DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city town, or county) ₫40 g 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur & Kroug

1 3.00 t . .

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence lefore admission) MARYLAND rince CITY OR TOWN ('f outs de corporate Vmits, pue c. C.TY OR TOWN (If outside corporate limits, write RURAL and give neatest lown) c LENGTH OF STAY IN 16 write RURAL and give neerest town) 1 VEY do /e. d. NAME OF HOSPITAL OR INSTITUTION (IF not in e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. 16 SOCIAL SECURTY NO., 17. INFORMAL (Yes, no, or unkown) | (If yes give were redetes of service) CAUSE OF DEATH [Enter only one cause penline for (e), (b), and (c) , PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), slating the underlying ceuse lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e). 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. ,City or town) (County) (State) factory, straal, office bldg., etc.) Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from all and that death occured at from the days and on the date stated above. saw the deceased ATTENDING 22b. DATE 22a. SIGNATURE SIGNED MED. STAFF DIRECTOR PHYS. death. Page to FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, pe filed v 23a SUR'AD, CREMAT,ON, CEMETERY OR CREMATORY 23d. AOCATION (City, town or count REMOVAL (Specify) Q I 256. REGISTRAR S SIGNATURE VR A15 (4) 18M 9/8 Cothur & Trans



STREET, BALTIMORE 1, MARYLAND Item 2 F11m G293 1. PLACE OF DEATH IDENCE (Whara dacaasad lived, If institution, Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND b. CITY OR TOWN ('I outside corporate limits, c. LENGTH OF STAY IN 16 y Wils Rim E. CITY OR TOWN III OUTS GO C write RURAL and give nearest town) Washington d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address, NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED LATEVER MARRIED AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Giva kind of work TOB. KIND OF BUILDINGS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fa, aven if ra trad) 13 FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yas, no. or unkown) i (Ifyas giva war or datas of servica) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO THROMBOCY TOPENIA Conditions, if any, which (b) gava rise to Immadiata causa DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PERFORMED? YES TO NO T 20a, ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part I, of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) Not While factory, straet, offica bldg., atc.) While Hour a.m. al work at work 19. And that death occured at \$2.4MP. Hom. the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. death. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) (State) 23a, BURIAL, CREMATION, 23b PELICYAL (Specify) FEMERAL DIRECTOR'S VR A15 (4) 15M 9/60 DATE



1 1	0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 SE		9528 CERTIFICATE OF DEATH Reg. Dist. No. 195	19
Poge directo	M	1. PLACE OF DEATH a. COUNTY PRINCE G-EORGE MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission b. COUNTY	n)
unerol	IVI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ONG TOW WAS HING TO N	· X -
by Sh	090	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR AROLL HALL SANT. 1227 MADISON ST NW YES -	ARM?
24 hou		3. NAME OF DECEASED First Middle Lost 4 DATE Month Day Ye	961
d within letely fi		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED MARCH 10 1881 So yrs Months Doys Hours	
ecuted d camp n paper		100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COURT OF WITH COUNTRY OF WASHING TON DOUBLE	
cian an		13. FATHER'S NAME GEORGE HAGAN 14 MOTHER'S MAIDEN NAME BARBARA LACY	
certifica g physic remaye	1	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ANDREW H WOLTER 1227 MADISON	
death tending please		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	WEEN
the al	3	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ONSET AND D 2 deac	
s tha d by mit.		Conditions, if any, which) to arterio - sclavere ?	
equire an. signer iit perr		gove rise to immediate couse (o), stating the <u>under-lying cause tost.</u> Out TO	
he law r physicic has been riol-trans		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALL PERFORM YES	MED?
IAN, T	0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC of or of this cert r use os		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. While Not while of work of	(State)
ospit ospit filer ed fo	5	21. I certify that I attended the deceased from afrile 1, 1961, to 8 - 1 - , 1961, that I last saw the di	eceased
NE he h		alive an alive and that death accurred at 4 35 PM, from the causes and on the date stated ADDRESS (Street, city or town, state) DATI	abave.
DR HRECT 1 be de		SIGNATURE Walter K. Chigrine, M.D. 6300 13th St. in W WASH DO	_
SPITAL (De retain BERAL D 3 shauld		PHYSICIAN'S WALTER K ANGUINE	
may be y FUNE		220. BLAIAL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stole) BURSHING TON DC	
VS A15 (4) 15M 10/57		23 FUNERAL DIRECTOR'S SIGNATURE 4 SPORESS Da ous in Co 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE - DATE AUG 3 61 Cilium S. Known	



9529

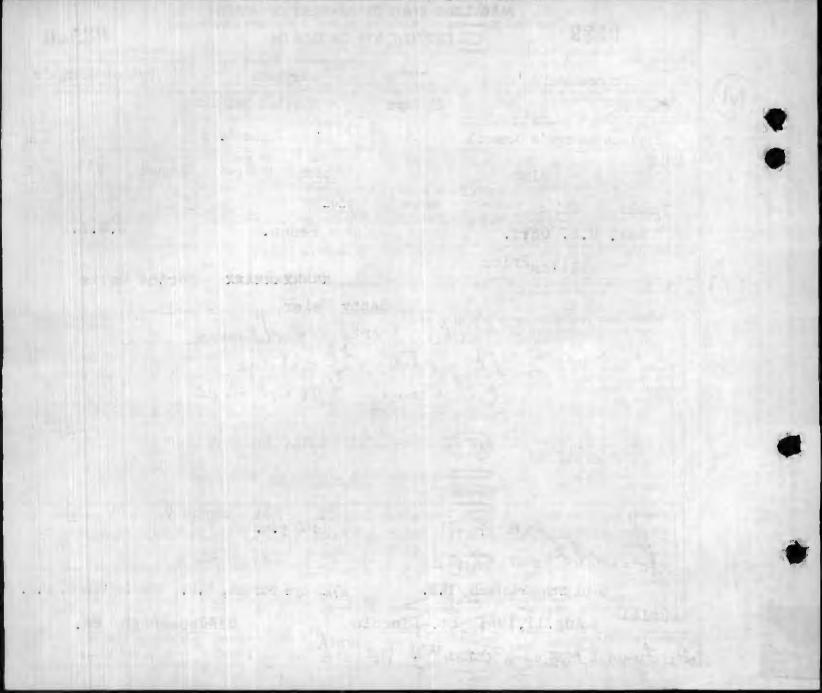
03520

1. PLACE OF DEATH o. COUNTY	ince George's	MARYLAND	2. USUAL RESIDENCE O. STATE Mar	(Where deceased	l lived. If instituti b. COUNTY		George's	
	If outside corporate limits, write earest town)	c, LENGTH OF STAY IN 16 27 days		N (If outside corpor		RURAL ond give no	earest town)	
OR INSTITUTION	TAL (If not in hospital, give streets George's General		d STREET ADDR	ess Books R	aod		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First Alma	Middle N	Last Yocum	4. DATE OF DEATH	Mor Aug	- also	Year 19 61	
5. SEX Female		RRIED NEVER MARRIED	B. DATE OF BIRTH 9→9-97		9. AGE (In years fast buthday) 63 yrs.	Months Doys	R IF UNDER 24 HRS	
10a. USUAL OCCUPATION	ON (Give kind of work done 10kking life, even if Grired) t	o. KIND OF BUSINESS OR IND	79	(State or foreign co	ountry)	12.CITIZENC	A COUNTRY	
13. FATHER'S NAME	WilliamPric	e	14. MOTHER'S MAI	DEN NAME	Manua	1 - D-	•	
	R IN U. S. ARMED FORCES? [If yes, give wor or dates of service]	_	etty Geie	r	Mara	na Dav	15	
	mmediate DUE TO	line for (a), (b), and (c).] C Lypatu Beliane	me of an	lure rhos	L'	000	TERVAL BETWEEN USET AND DEATH	
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH H	NOT RELATED TO THE	TERMINAL DISEASE	E CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES! NO	
	AS UNDERLYING 206. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter nature of inju	ury in Port 1 or Port	t II of item 18.)			
20c. TIME OF INJUI Haur o. m. p. m.	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While Not while of work of w							
21. 1 certify the sow the deceo 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	21. I certify that (I) (this haspital) attended the deceased from July 12 1961, to August 7 1961, that (I) (we) lost sow the deceased olive, on August 7 1961, and that death accurted a permit from the causes and on the date stated above. 220. SIGNATURE ATTENDING MED. STAFF SIGNED 220. ATTENDING DIRECTOR STAFF 221. ADDRESS 222. ADDRESS							
	ON, 23b. DATE THEREOF Aug. 11, 19		oln	B	lion (City, town, Ladensb	urgh l	(State)	
Lee Funeral Director	es signature	300-4th Sh. M	DV DV47TL	REC'D BY REGIST		ISTRAR'S SIGNAT		

death. Page 4 neral directar, filed with e law requires that the death certificate be executed within 24 haurs after Then please remove carbon papers. Pages 1 and 2 by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I he State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. ENDING PHYSICIAL

TO HOSPITAL OR

VR A15 (4) 15M 9/59



TO HOSPIAN. OR ATTENDING THYSICIAN: The law requires that the death certificate be executed within 24 hours after death. First may be retained the fellowing certificate has been signed by the attending physician and an included in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and an included in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1952)

1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENCE (Where		Residence before admission)
Prince George	MARYLAND	a. STATE	b. COUNTY	nce George
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		
write RURAL end give neerest town)	0 3	1 D 11-16-1-177		
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in	2 days	d. STREET ADDRESS	B	I a. IS RESIDENCE
a. NAME OF HOSPITAL OR INSTITUTION (IT not in	nospitet, give street address)	d. SHREET ADDRESS	*	ON A FARM?
Prince George Genera	1	5027 37th	Place	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATI		Day Yeer
(Type or print) Albert	εŢ	Zyvoloski DER	August	27 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED THEYER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In yeers IF UNDE	RIYEAR IF UNDER 24 HRS.
25.2	WED DIVORCED	1 0 03 1	· lest birthdey) Months	Deys Hours Min.
LIGIT HILL TO	KIND OF BUSINESS OR INDUSTR	/ 11. BIRTHPLACE (County & State)	10	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
Retired US	Government	Pennsylvania	1	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME ,		
Unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	A SOCIAL SECURITY NO 1 17 7	NFORMANT	Address	
(Yes, no, or unkown) (Ifyes give werordetes of service)		19		16 2
yes W W 1		ry E Zyvoloski	Hyattsvill	e Md.
18. CAUSE OF DEATH [Enter only one couse p	er line for (e), (b), end (c).)	0		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	receivement cod	Phino ol	4 startes	ONSET AND DEATH
IMMEDIATE CAUSE (a)		,,		
DUE TO	00			
Conditions, if any, which \ (b)	a les .			
geve rise to immediate ceuse				
(e), stating the underlying				
couse last. (c)		T AND THE WIP TO THE TERMINAL DISTAN	COMPITION CHIEN IN B	V29OTILA 2AW DI II-NI TA
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN F	PERFORMED?
4				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH OR CONTRIBUTIONS CAUSE OF DEATH INFERIMENT MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Per	rt II of item 18.)	
Z 2De. TIME OF INJURY Month, Day, Year 2D	d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, ; 2Df. [6	City or town) (C	county) (State)
City and the city of the city	hileNot While feet	ory, street, office bldg., atc.)		
	vork at work			
21. 1 certify that (I) (this hospital) att	ended the deceased from	196/	to accep 22	19.6.5, that (I) (we) last
saw the deceased alive on 2	6 19G1, and that	death occured at MYJAM, fr	om the dauses and or	n the date stated above
220. SIGNATURE		ATTENDINGA MED	STAFF	22b. DATE SIGNED
(p Vests	M	D. PHYS. DIRECTOR	The state of	ugust 27, 19
22c. PHYSICIAN'S	- m	22d. ADDRESS,		-ARMOR - ALI TO
NAME (Type) Dr. Aaron De	itz	4314 Gal	Llatin Stree	t
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		DCATION (City, town or co	
Burial (Specify) Aug 30, 196	Arlington N	ational Arli	ington Virgin	nia
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, R. 19 82 REC		3 SIGNATURE
F. Gasch's Sons Hya	ttsville Md.	DATE		

all as the contraction of the land of the . It sally the death the love a year consider of first to be delined Percent If, 1001 the state of the section to the section to the section to Hearpely margarita